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Running head: FAILURE TO FAIL IN DIETETICS

Failure to Fail in Dietetics Education

A Descriptive Study

Dena B. French, M.F.N., R.D., L.D.

A Dissertation Research Project Presented to the Faculty of the School of  
Education  
of Maryville University in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Education

2017

**Maryville University**  
**School of Education**  
**Doctorate in Education: Higher Education Leadership**

This research project is accepted by the Higher Education Leadership program faculty of the School of Education as satisfying the dissertation requirement for the Ed.D. in Higher Education Leadership.

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## Abstract

Failure to fail occurs when educators pass students who are unsuitable for future professional practice. Literature suggests the phenomenon exists in various professional programs, yet this is the first known research focused on dietetics education. Nonexperimental quantitative methodology was used to investigate the manifestation of failure to fail in dietetic internship programs. An 18-item anonymous online survey was distributed to dietetics educators and preceptors who work with interns in a variety of settings. The survey received a 52.2 percent response rate. Over half of participants ( $n = 79$ ; 60.77%) had worked with a concerning intern, 78 (62.40%) had given the “benefit of the doubt” on an evaluation, and 21 (16.94%) had given an undeserved competent rating. Significant differences in experiences and assessment practices were observed based on participants’ role, years of experience supervising interns, and work setting. Nearly one fourth of preceptor participants ( $n = 7$ ; 24.14%) indicated a perceived lack of support from their institution when failing, or attempting to fail unsuitable students. Open-ended analysis revealed insight on strategies to alleviate issues, attributes of concerning interns, and concerns about program and institutional integrity. This study contributes to the breadth of research on failure to fail and highlights issues present in dietetics education. Future studies should include a larger reach of programs and an in-depth look at the experiences of preceptors and directors who have worked with professionally concerning interns.

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## **Chapter I: Introduction**

Failure to fail is a complex phenomenon that affects the future of the dietetics profession. The issue stems from various forces, both internal and external to the institution, which may ultimately result in graduating students who are not well suited as dietetics practitioners (Guerrasio, Furfari, Rosenthal, Nogar, Wray, & Aagaard, 2015; Luhanga, Larocque, MacEwan, Gwekwerere, & Danyluk, 2014). This chapter first provides an overview of the educational pathway to becoming a registered dietitian nutritionist (RDN) and the current issues affecting students and educators involved in training dietetics pre-professionals. Next, the background of failure to fail is briefly examined followed by the purpose, rationale, and significance of the current study. Finally, the primary research question is revealed and the theoretical framework, or lens through which the study results will be viewed, is described.

### **The Dietetics Education Pathway**

Like most professional training programs, the purpose of dietetics education is to "prepare competent professionals for entry-level practice and beyond" (Academy of Nutrition and Dietetics [AND], 2016a). Didactic Programs in Dietetics (DPD's) prepare students at the undergraduate level to enter supervised practice, also known as a dietetic internship (DI). The DI is the final step in dietetics education prior to credentialing. In the United States, completion of a minimum of 1200 supervised practice hours is required for candidacy to sit

for the national credentialing exam for dietitians (Commission on Dietetic Registration, 2017).

According to the Accreditation Council for Education in Nutrition and Dietetics (ACEND), supervised practice is “hours spent in activities in work environments under the guidance and oversight of a qualified practitioner designated as a preceptor, where students prepare for and perform specific responsibilities done by the preceptor” (ACEND, 2016). Although the Accreditation Standards for Internship Programs in Nutrition and Dietetics do not specify the required work settings or exact number of supervised practice experiences, internship programs must supply adequate training for students to display competency in forty-one skill areas, known as Core Competencies for the RDN (ACEND, 2016). Typically, programs achieve this by scheduling students for rotations with dietetics professionals in various areas of practice including clinical (acute or long-term care hospital settings), food service management (education, hospital, or retail settings), and community (corporate wellness, government, or non-profit organizations) settings.

### **The Competitive Nature of Dietetics Education**

Entry to supervised practice, the final stage of dietetics education prior to credentialing, is an extremely competitive process due to limited dietetic internship program space to fulfill student demands. Interest in dietetics as a career has grown steadily since 2009; however, internship program vacancies have not increased at the same rate (AND, 2016a). Each year, over 5000 DPD

graduates apply to dietetic internships, yet only around 2700 of them receive a position. The imbalance between internship applications and program openings results in an average yearly acceptance rate of 50 to 55 percent nationwide (ACEND, n.d.; White & Beto, 2013).

**Reasons for the internship shortage.** A major reason for the dietetic internship shortage is the lack of supervised practice sites due to a substantial number of professionals being unable or unwilling to assist in student training. Professionals who provide supervised practice experience to students in their personal work setting are known as preceptors in dietetics education, and will be referred to as such throughout this study. According to ACEND, any individual with appropriate credentials, certification, or experience may serve as a preceptor for dietetic interns. There is no longer a stipulation that preceptors possess at least one year of professional experience prior to supervising an intern (ACEND, 2016). Common barriers to precepting students include lack of time and additional pay, employer support, and inadequate training to evaluate student progress (White & Beto, 2013; Winham et al., 2014).

**Impact on students.** Given the immense competition involved in obtaining acceptance to a dietetic internship, students must strive to stand out in the large application pool. Typically, this involves touting high academic performance and an impressive resume of extracurricular and profession-related experiences. Internship directors often use students' grade point average (GPA) as an easy way to make "cuts" to their applicants, and may not review candidates

beneath a predetermined standard. Programs' actual GPA cutoff is typically well above their reported minimum, which averages 3.0 out of 4.0 (AND, 2009). In addition, candidates are often subject to challenging interviews that test their skills, knowledge, and overall potential as an intern (Getz, 2016). Despite thorough application screening processes, internship programs may accept students who later reveal questionable competence as future professionals.

**Impact on educators.** Working with unsuitable students in their final stage of education presents a particularly complex ethical dilemma for educators; they may struggle with decisions to pass, remediate, or dismiss concerning students. Subjective evaluation methods, legal concerns, lack of remediation and dismissal policies, and inadequate institutional support further complicate the issue (Guerrasio et al., 2015; Luhanga et al., 2014). Furthermore, institutional educators often are not informed of student issues in a timely manner due to ineffective communication and lack of preceptor training (Bogo, Regehr, Power, & Regehr, 2007; Finch & Taylor, 2013).

**Impact on the future of the profession.** Various issues related to assessment of student competency collide and potentially result in graduating students who are not well suited for their chosen profession. This phenomenon, known as "failure to fail," has been well examined in various professions; however, there appears to be no existing research in the realm of dietetics (Guerrasio, et al., 2015; Luhanga et al., 2014). Therefore, the aim of this study was to explore the way failure to fail manifests in dietetics education.

### **Background of the Study**

Failure to fail occurs due to various issues surrounding the identification, remediation, and dismissal of professionally unsuitable students (Guerrasio, et al., 2015; Luhanga et al., 2014). The breadth of research on the topic reveals challenges to failing students involve gaps in institutional policy, ambiguous assessment methods, and preceptors' cognitive and emotional factors. Allowing unsuitable students to graduate presents significant concerns for accredited programs such as social work, education, and nursing; they may risk accreditation status, professional reputation, and potentially jeopardize public safety (Bearman, Molloy, Ajjawi, & Keating, 2013; Luhanga et al., 2014).

### **Defining and Assessing the Unsuitable Student**

Although there is no definitive set of characteristics for the professionally unsuitable student, studies have reported these students typically lack empathy, self-awareness, social skills, professionalism, and ethical values (Brear & Dorrian, 2010; Bogo, Regehr, Power, & Regehr, 2007; Guerrasio et al., 2015; Jervis & Tilki, 2011; Lordly, 2007; Tam & Coleman, 2009). Less commonly cited are academic performance issues such as missing or inadequate assignments, lack of base knowledge, or frequent absenteeism (Brear & Dorrian, 2010; Guerrasio et al., 2015; Lordly, 2007). Because personal characteristics are problematic to assess, institutions typically make remediation and dismissal decisions based on academic performance. Therefore, unsuitable students with

favorable academic standing frequently remain unnoticed or unaddressed until their final stage of education (Guerrasio et al., 2015).

An absence of policies to assess students' nonacademic factors results in a concerning number of potentially unsuitable graduates entering their field. Guerrasio et al. (2015) reported 15 out of 19 academic deans in medical training programs knowingly allowed unsuitable students to graduate from their programs. Similarly, counseling educators in Brear & Dorrian's (2010) study reported approximately half of questionable students graduate from their programs. These results suggest institutions may not be doing enough to assure only competent professionals enter their fields, and have consciously allowed students with questionable skills to graduate.

### **The Role of Preceptors**

Preceptors are an integral part of professional training programs. These practitioners voluntarily provide the experience institutional educators cannot: a setting for students to transfer academic knowledge into professional practice. Many practitioners find training students rewarding and favorably view preceptorship as "giving back" to their profession (Bogo et al., 2007; Hughes, 2002; Winham et al., 2014). However, institutions may place too much pressure on preceptors to determine whether students are ready to practice. Studies have revealed preceptors' distaste for assessment, particularly when they encounter challenging students with questionable skills. Preceptors see this "gatekeeping" responsibility as unfair; they believe the institution should make final decisions as

to whether students are fit to practice, or at least provide adequate evaluation tools and support for them to do so (Bearman et al., 2013; Bogo et al., 2007).

**Lack of institutional support.** Despite their vital role in student development, preceptors feel unsupported by institutions and unprepared to assess students' performance. As previously discussed, assessment methods tend to be highly subjective and are therefore susceptible to misjudgment of students' skills and readiness for practice (Bogo et al., 2007; Jervis & Tilki, 2011). Preceptors report feeling pressured by institutions to pass students, or find their recommendations to fail were overturned. These situations are disheartening to preceptors, particularly when they learn a student they failed was allowed to graduate and practice in the field (Jervis & Tilki, 2011; Luhanga et al., 2014). This devaluing of preceptors' judgment may be one of the reasons professionals avoid training students in their work setting.

**Cognitive aspects.** Self-confidence and other emotional aspects may be contributing factors to preceptors failing to fail students. Finch & Taylor's (2013) in-depth interviews with social work preceptors revealed working with failing students elicited strong emotional responses including anger, guilt, and questioning one's teaching abilities. Jervis & Tilki (2011) found nursing preceptors tend to pass underperforming students who are early in their educational experience because they assume the student will improve. However, preceptors also admitted to passing questionable students in final supervised practice placements, presuming the problem lied in their own teaching methods



and citing guilt over the fact that "the student had come so far" (Jervis & Tilki, 2011). These findings support Bogo et al.'s (2007) meta-analysis results that revealed social work preceptors attribute student deficiencies to personal teaching flaws. Similarly, nursing preceptors in Jervis & Tilki's (2011) study perceived students were better educated on current processes, which caused them to question their own capacity to evaluate students' performance.

### **Problem Statement**

It is clear the issue of failure to fail exists within various professional training programs and results from complexities both internal and external to the institution. Therefore, educators find it challenging to remove students from programs for which they are not well suited (Bearman et al., 2013; Luhanga et al., 2014). Because the aim of professional training programs is to graduate competent future professionals, it seems both pertinent and obligatory to study the issues surrounding unsuitable students in these programs.

Preceptor evaluation of student competency is relied upon in many accredited professional training programs, including dietetics. However, preceptors experience many barriers that could result in flawed assessment of student competency (Bogo et. al., 2007; Jervis & Tilki, 2011; White & Beto, 2013). Furthermore, perceived obstacles and lack of benefits may provoke preceptors' frustration, which could reduce their likelihood to remain involved in students' education (Bearman et al., 2013; Bogo et al., 2007; Winham et al., 2014). As mentioned previously, the dietetics profession currently has a shortage

of preceptors, which threatens growth of the profession (White & Beto, 2013). To retain respect for various professions and credibility of their associated academic programs, it is vital to assure competency of graduates (Luhanga et al., 2014).

### **Purpose of the Study**

Due to the integral role dietetics educators and preceptors play in assessing student readiness for professional practice, the purpose of this descriptive study was to investigate the manifestation of failure to fail within accredited dietetic internship programs. The researcher elected to focus on dietetic internship programs because they encompass the final stage of education prior to professional credentialing. To the researcher's knowledge, this is the first study on failure to fail focused solely on dietetics education.

### **Rationale and Significance of the Research**

Various studies have examined failure to fail in professions such as nursing, social work, and teacher education programs; however, research appears to be lacking in the dietetics field. The absence of existing research in the realm of dietetics suggests a need to gain insight in this professional area. A better understanding of the phenomenon within dietetics education will set the stage for further research into root causes and potential solutions. Dietetics program directors have an ethical responsibility to graduate competent future professionals; however, they frequently rely upon preceptors, who are often untrained as educators, to evaluate student competency (Nasser, Morley, Cook, Coleman, & Berenbaum, 2014). Inaccurate evaluation of students may result in

unsuitable individuals practicing in the field, which could reflect negatively upon the educational institution and the profession overall (Luhanga et al., 2014).

Because the researcher is currently the director of a dietetics education program, she may apply the results of this study to better understand her own programmatic gaps and improve local institutional processes.

A major barrier to precepting is increased stress related to training and assessment, particularly when a student appears to be incompetent or unsuitable for professional practice. Since lack of placement sites is a major obstacle to increasing capacity in dietetic internship programs, creating a more positive experience for preceptors may prompt additional professionals to serve educational programs in this manner (Hughes, 2002; Nasser et al., 2014, White & Beto, 2013). Creating more space in dietetic internship programs would allow for growth of the field by reducing the annual percentage of unmatched students, which is currently 45 to 50 percent (Accreditation Council for Education in Nutrition and Dietetics, n.d; White & Beto, 2013). From an institutional perspective, enrolling additional students in dietetic internship programs would increase income from tuition, and potentially allow for an increase in other program resources.

### **Primary Research Question**

The following research question and sub-questions guided the study.

1. How does failure to fail manifest in dietetics education?

- a. What is the prevalence of encountering students of questionable professional suitability in dietetic internship programs?
- b. What are the most important factors that alert dietetic educators and preceptors of students' unsuitability for professional practice?
- c. How likely are educators and preceptors to report passing dietetic interns of questionable professional suitability, and what factors contribute to their decision?

### **Theoretical Framework**

In this study, the participants' perspective was examined through Nathaniel's (2006) theory of moral reckoning, which provides a framework for understanding the dilemmas nursing professionals face in their daily work. Nathaniel (2006) found that nurses often encounter a patient care event that challenges their personal morals and professional values, referred to as a "situational bind." The bind forces the practitioner to decide whether to act, which may ultimately result in a conflict of their values. Depending upon the outcome of the action, the nurse may continue to experience conflicted feelings for an extended period, which may lead him or her to take steps to avoid a repeated event (Nathaniel, 2006).

The theory of moral reckoning in nursing was applied to Pratt, Martin, Mohide, and Black's (2013) descriptive study involving nurse educators and preceptors who had worked with failing students. Like the nurses in Nathaniel's (2006) study, educators and preceptors used insight gained from their

experience to guide future encounters with students (Pratt et al., 2013). Just as nurses who experienced morally challenging events were apt to seek out administrative roles to minimize direct patient contact, preceptors were likely to avoid working with students in the future (Nathaniel, 2006; Pratt et al., 2013). Given the current shortage of professionals willing to serve as preceptors for dietetics students, the potential to further reduce this number is of grave concern for the future of the profession (Accreditation Council for Education in Nutrition and Dietetics, 2015; White & Beto, 2013).

### **Conclusion**

This chapter provided an overview of the current issues affecting students and educators involved in professional training programs. The purpose, rationale, and significance were described to introduce the topic and articulate the researcher's reasons for undergoing the current study. The following section will review current literature that is relative to the topic of failure to fail, which will lead into the methodology, results, and discussion of the research study that was conducted.

## **Chapter II: Review of the Literature**

It is not uncommon for students to “try out” various majors during their undergraduate career. Unfortunately, some students may lack appropriate guidance, ability to make informed choices, or choose a field of study in response to outside pressure from a family member (Gordon, 2007; Workman, 2015). Poor educational path decisions are not a grave concern in most fields of study, as graduates may simply find work in an area outside their chosen degree program. However, professional programs such as nursing, education, and social work are obligated to prepare competent graduates to practice in their fields as entry level professionals. This principle, known as “gatekeeping” should, in theory, prevent institutions from allowing unsuitable students to graduate from their programs. However, the breadth of research on the topic shows this is not always the case (Brear & Dorrian, 2010; Crawford & Gilroy, 2013; Luhanga et al., 2014).

Graduating competent students is the goal of various professional training programs in higher education. The term “failure to fail” refers to the phenomenon surrounding the tendency of educators to pass, and graduate, students who may be unsuitable to practice within their field of study (Guerrasio et al., 2015; Luhanga et al., 2014). A breakdown in gatekeeping procedures results due to educational programs’ failure to identify, remediate, or dismiss professionally unsuitable students (Brear & Dorrian, 2010; Guerrasio et al., 2015; Luhanga et al., 2014).

Allowing unsuitable students to graduate presents significant concerns for training programs such as social work, education, and nursing. They may risk accreditation status, deteriorate their profession's reputation, and potentially jeopardize public safety (Bearman et al., 2013; Luhanga et al., 2014). The following review of literature examines the issue of failure to fail within professional training programs. The chapter begins with an overview of the prevalence of the issue in both the institution and supervised practice setting. Next, potential reasons for failure to fail are reviewed, followed by a description of the theoretical framework used as a lens to understand the issue. Finally, the purpose of the study is discussed including implications for professions, study aim, and specific research questions. The chapter ends with an overview and justification for the selected methodology.

### **The Dietetics Profession**

The current shortage of professionals who are willing to serve as preceptors for dietetics students has created tremendous competition, making the field difficult to enter despite increasing interest and demand for dietetics professionals (Accreditation Council for Education in Nutrition and Dietetics [ACEND], 2016; White & Beto, 2013). Failing to fail unsuitable students places the dietetics profession at risk as this may diminish the reputation of educational institutions and further reduce preceptors' willingness to provide supervised practice experiences (ACEND, 2016; White & Beto, 2013). To the researcher's knowledge, no prior studies on the issue of failure to fail exist which focus on

dietetics education. Therefore, the following review provides a broad examination of failure to fail within various professional programs that have published research on the topic.

### **Prevalence of Failure to Fail**

Several authors have explored the issue of failure to fail from the view of institutions, preceptors, or both. Available evidence suggests both parties are contributing to professionally unsuitable students graduating in several disciplines including social work, nursing, teacher education, and various medical professions (Brear & Dorrian, 2010; Crawford & Gilroy, 2013; Guerrasio et al., 2015; Jervis & Tilki, 2011; Luhanga et al., 2014). This section provides an overview of recent research that indicates the extent to which failure to fail exists in various professional programs.

### **The Institutional Setting**

Available evidence shows institutional educators including faculty members, program directors, and deans knowingly allow unsuitable students to graduate from their programs (Brear & Dorrian, 2010; Docherty & Dieckmann, 2015; Guerrasio et al., 2015). In their quantitative study, Brear and Dorrian (2010) reported counseling educators viewed three out of every 25 students as questionably suitable for the profession and admitted approximately half of these students graduate. Similarly, 15 out of 19 medical school deans believed unsuitable students had been allowed to graduate from their institutions (Guerrasio et al., 2015). Through their survey of nursing program faculty (n=235),



Docherty and Dieckmann (2015) revealed 17.7 percent of participants had undeservingly given a passing grade on an exam. Even more concerning was their finding that, when evaluating professional competence, most participants (72.2 percent) gave students “the benefit of the doubt” (Docherty & Dieckmann, 2015).

Contrarily, one study showed the marriage and family therapy profession may have highly efficient gatekeeping processes. Based on the results of their study focused on directors of accredited marriage and family therapy programs (n=22), Russell and Peterson (2003) stated that, in 101 reports of unsuitable students, the student either took a leave of absence, was removed from the program, or left the university. Despite the positive results of Russell and Peterson’s (2003) study, recent research from various professional programs indicates an overwhelming level of concern for gatekeeping processes within institutions.

### **The Supervised Practice Setting**

Unsuitability may be ignored, or go unnoticed, until the student enters the supervised practice setting. Professional training programs consider supervised work in the field to be students’ final stepping stone to professional practice and an opportunity to put classroom learned theories into practice. For this reason, the timing of supervised practice tends to come toward the end of students’ educational careers (Furness & Gilligan, 2004). The late timing of supervised practice places preceptors in a difficult predicament when they encounter

concerning students, as they often struggle with the decision of whether to fail students in their final stage of education (Jervis & Tilki, 2011; Laroque & Luhanga, 2013; Luhanga et al., 2014).

Through their studies employing focused interviews with nursing preceptors, Jervis and Tilki (2011) and Laroque and Luhanga (2013) reported participants were aware of, or had personally passed nursing students with questionable aptitude for the profession. Conversely, in Luhanga et al.'s (2014) study, preceptors who chose to fail students were disheartened upon learning their recommendation was rejected by the university, and the student they failed was practicing in their field. As implied earlier, a valuable relationship exists between institutions and preceptors, and must be maintained in order to assure continued placements for students (ACEND, 2016; White & Beto, 2013). Failure to respect preceptors' opinions may tarnish this partnership and negatively affect programs and their resources.

In both institutional and supervised practice settings, the incidence of failure to fail is concerning given the responsibility of educators to graduate competent professionals. The following section reviews several in-depth studies on the topic of failure to fail with an aim to gain an understanding of the complexities surrounding the issue.

### **Reasons for Failing to Fail**

Failure to fail is a complex issue which stems from various forces, both internal and external to the institution. Overly subjective evaluation methods,

legal concerns, and lack of appropriate policies, procedures, and institutional support are common barriers that result in graduating students of questionable professional suitability (Guerrasio et al., 2015; Luhanga et al., 2014). Cognitive aspects further complicate the issue, as educators report personal emotions such as guilt and self-confidence in teaching contribute to their assessment of student competence (Bogo et al., 2007; Jervis & Tilki, 2011; Finch & Taylor, 2013).

### **Subjectivity of Student Evaluation**

By nature, student competency evaluation is a subjective practice that has the potential to result in grade inflation. Despite attempts to produce a list of attributes to describe the practice-ready student, educators in various fields continue to struggle with student assessment (Jervis & Tilki, 2011; Palermo et al., 2014; Sowbel, 2011; Trede & Smith, 2014). Trede and Smith (2014) revealed the complexities of assessment in their qualitative study of physiotherapy preceptors. After conducting semi-structured interviews and focus group sessions, the researchers concluded personal judgment and experience play a large role in the assessment of students' skills, resulting in varying definitions of competence. In general, participants considered a student to be ready, or "safe" to practice when they displayed independence in their completion of key tasks (Trede & Smith, 2014).

**Defining the professionally unsuitable student.** Available research reveals there is no definitive set of characteristics for the professionally unsuitable student. Studies from both the institution and preceptor view reported

concerning students typically lack empathy, self-awareness, social skills, professionalism, and ethical values (Brear & Dorrian, 2010; Bogo et al., 2007; Guerrasio et al., 2015; Jervis & Tilki, 2011; Lordly, 2007). Less commonly cited are academic performance issues such as inadequate assignment quality, lack of base knowledge, and frequent absenteeism (Brear & Dorrian, 2010; Guerrasio et al., 2015; Lordly, 2007). Based on the available research, it can be presumed that professionally unsuitable students may perform well in the classroom setting, yet lack essential skills to function in the workplace for their chosen profession.

### **The Role of Preceptors in Student Evaluation**

Preceptors voluntarily provide hands-on experience for students in real-life work settings; therefore, they are integral partners to professional training programs. Although preceptors generally find training students rewarding, they may develop dissent for their role when they encounter a challenging student (Bogo et al., 2007; Hughes, 2002). Because institutional educators are typically not present to observe students in the supervised practice setting, they rely heavily on preceptor evaluations to determine students' readiness to practice in the field. Preceptors see this assigned gatekeeping responsibility as unfair; they believe the institution should play a larger role in deciding whether students are fit to practice (Bearman et al., 2013; Bogo et al., 2007).

**Institutional support of preceptors.** Available research indicates preceptors sense an overall lack of support from their affiliate institutions (Bearman et al., 2013; Bogo et al., 2007; Larocque & Luhanga, 2013). Studies

reveal preceptors feel pressured to pass students, either by the institution or the student themselves (Bogo et al., 2007; Jervis & Tilki 2011; Luhanga et al., 2014). Time constraints, experience with overturned failures, and emotions such as guilt also appear to be contributing factors to preceptors failing to fail students (Bogo et al., 2007; Jervis & Tilki 2011).

Preceptors indicated they felt undervalued when the university did not consider their recommendation to fail a student (Jervis & Tilki, 2011; Larocque & Luhanga, 2013). In their study aptly titled 'It's Been Hell.' Finch and Poletti (2014) reported British and Italian social work preceptors believed universities held overly positive views of their students, leading them to suspect the school did not want their students to be failed. Participants described a sense of deceit when the university withheld pertinent information that could affect their experience with the student, such as disabilities or mental health issues (Finch & Poletti, 2014).

Working with difficult students appears to create a sense of dissent that results in preceptors questioning the university's integrity, thereby decreasing their desire to continue working with students (Bogo et al., 2007). As mentioned earlier, preceptors are vital in professional training programs. Available research indicates universities may not be providing adequate support, training, or respect to their preceptors (Bogo et al., 2007; Finch & Poletti, 2014; Jervis & Tilki, 2011; Larocque & Luhanga, 2013).

**Cognitive aspects.** As previously stated, student assessment methods tend to be subjective and require a high level of evaluator judgment (Palermo et al., 2014; Trede & Smith, 2014). Considering preceptors perceive a lack of support from their affiliated institutions, it is not surprising researchers have found working with failing students is emotionally draining for professionals. Preceptors report experiencing strong feelings of anxiety, guilt, anger, and questioning their ability as a teacher and practitioner (Basnett & Sheffield, 2010; Bogo et al., 2007; Finch, Schuab, & Dalrymple, 2014; Finch & Taylor, 2013; Jervis & Tilki, 2011; Larocque & Luhanga, 2013).

For a participant in Finch and Taylor's (2013) study, guilt arose because the preceptor did not wish to incite personal or professional harm upon a student she otherwise liked. Anger seemed to follow feelings of guilt, as preceptors described resentment of both the student and university for placing them in an uncomfortable situation (Finch & Poletti, 2013; Finch & Taylor, 2013). Bogo et al. (2007) reported participants felt overpowered by aggressive students, making it difficult to relay negative feedback or recommend a failure in those situations. Similarly, nurse preceptors in Jervis & Tilki's (2011) study described the unique challenges experienced by younger, inexperienced nurses working with mature students who were more likely to dispute evaluations. These results exemplify the idea that preceptors may allow personal feelings to influence their decision to pass students they would otherwise fail.

Available evidence suggests preceptors question their personal judgment, teaching abilities, and blame themselves when students fail (Bogo et al., 2007; Finch & Taylor, 2013; Jervis & Tilki, 2011). Finch and Taylor (2013) reported preceptors “internalized” failure, which resulted in decreased confidence in their decision. Emotional attachment to the situation may result in preceptors creating excuses for students such as lack of fit with the site, personal issues, or their own ability to effectively teach the student (Bogo et al., 2007; Finch & Taylor, 2013; Jervis & Tilki, 2011).

Assuming the issue existed in their teaching ability rather than the student’s learning, some preceptors gave the student the “benefit of the doubt” because others had done so (Finch & Taylor, 2013). Docherty and Dieckmann (2015) supported this notion in their report that over half (66 percent) of participants had encountered students they believed were inappropriately passed by a prior preceptor. Available evidence indicates multiple issues surface for preceptors when they work with professionally unsuitable students. The next section explores additional factors that may contribute to failure to fail including inadequate policies and concern for legal proceedings.

### **Remediation, Dismissal, and Legal Concerns**

Inadequate policies and procedures, added effort and stress, and legal ramifications appear to be major concerns for educators deciding whether to fail students (Bogo et al., 2007; Guerrasio et al., 2015). College deans in Guerrasio et al.’s (2015) study noted fear of legal proceedings as their most important

barrier to remediating or dismissing low performing students. Preceptors noted similar concerns, stating that failing a student could impact their professional credibility or result in a lengthy appeal process (Dudek, Marks, & Regehr, 2005; Larocque & Luhanga, 2013).

**Policies for remediation and dismissal.** Student remediation presents many challenges for institutional educators and preceptors. Guerrasio et al. (2015) reported 16 percent of institutions in their study had no specific policy for remediation. Similarly, Wood, Mitchell, Holt, and Branson (2014) found 47 percent of participants were unaware of the location and content of their institution's remediation policies and procedures. Finally, participants in Dudek et al.'s (2005) study stated their institution's lack of remediation options caused them to pass students they would have otherwise failed. These findings indicate that institutions may be lacking in both development of adequate remediation policies and appropriate dissemination of the information.

**Added effort and stress.** Remediation requires a considerable increase in time, effort, and stress for educators (Russell & Peterson, 2003; Guerrasio et al., 2015; Wood et al., 2014). In addition to increased contact with the student, educators also tend to seek opinions and advice from colleagues on how to best handle the situation, which can easily exceed contracted hours (Russell & Peterson, 2003; Wood et al., 2014). Wood et al. (2014) reported the majority (69%) of participants believed remediation was an expected portion of their duties; therefore, no additional pay was provided. Based on these results, it is



possible that lack of additional compensation to cover the extra time spent working with a failing student may discourage educators from initiating the remediation process.

**Legal concerns.** From a legal perspective, students are entitled to due process and therefore have the right to challenge institutional dismissal decisions (McAdams, Foster, & Ward, 2007; Smith, McKoy, & Richardson, 2001; Westrick, 2007). However, available literature indicates student lawsuits are rare; when they do occur, rulings typically favor the institution (Russell & Peterson, 2003; Smith et al., 2001; Westrick, 2007). Following is a summary of specific cases related to student dismissal for clinical performance concerns.

McAdams et al. (2007) described a case that involved a social work student dismissed for misconduct. Through their reflective account of the ordeal, the authors highlighted the importance of offering and adhering to remediation processes, carefully documenting student deficits in comparison with professional standards, and obtaining consensus for student dismissal among faculty and administration (McAdams et al., 2007). Similarly, Watkinson and Chalmers' (2008) case study on the dismissal of a social work student with a mental disability revealed the court upheld the school's decision on grounds that the student was deemed unsuitable for the profession. The institution provided evidence that the student was not capable of working with vulnerable populations, which is essential in the social work profession (Watkinson & Chalmers, 2008).

The cases highlighted above are in line with reviews of legal proceedings from the nursing profession which state thorough, objective documentation greatly contributes to success (Smith et al., 2001; Westrick, 2007). In rare situations that a dismissal case goes to court, there is much evidence to support a ruling for the institution. To increase likelihood of a favorable ruling, it appears good practice to develop, and follow, remediation and dismissal policies and fully document all efforts made with low performing students (McAdams et al., 2007; Smith et al., 2001; Watkinson & Chalmers, 2008; Westrick, 2007).

Based on the above review, it is apparent that multiple issues occur in the institutional and supervised practice setting that may lead to passing and graduating professionally unsuitable students. The next section describes a theoretical framework, or lens to understanding the issue of failure to fail. It is important to note the chosen framework is only one of many potential perspectives. The researcher selected Nathaniel's (2006) theory of moral reckoning in nursing as a framework for this study for two reasons. First, the theory was evident in the review of literature on the topic. Also, the researcher has experienced situations where she had to choose whether to fail a student. Therefore, based on both research and personal experience, she could attest to the accuracy of the framework and its relation to the topic at hand.

### **Theoretical Framework**

Through grounded theory methodology, Nathaniel (2006) developed a theory of moral reckoning by studying nurses who had encountered ethical

issues in their workplace. The theory, based on the idea of moral distress, provides a three-stage framework for understanding the dilemmas nursing professionals face in their daily work. Nathaniel (2006) proposed that nurses enter a “stage of ease” as they become accustomed to their role and feel satisfied with their work. For many nurses, this stage was interrupted by a patient care event that challenged their personal morals and professional values, which Nathaniel (2006) referred to as “situational bind.”

Nathaniel (2006) further explained that the distress of a morally compromising situation elicits an internal struggle that demands a decision of whether to act. This decision point, referred to as the “stage of resolution” is where nurses must choose to “take a stand” and resolve the issue to satisfy their personal values, or to sacrifice their morals and “give up” by allowing the undesirable event to play out. Following this choice, the practitioner enters the “stage of reflection” and must deal with the internal repercussions of their decision. According to the study results, nurses retained conflicted feelings for an extended period following the event. Undergoing situations of moral reckoning influenced participants’ future actions, ultimately guiding the practitioner to prevent encountering another similar event. For some, this involved moving into a more administrative role to avoid direct patient care (Nathaniel, 2006).

### **Application of the Theory to Failure to Fail**

Pratt et al.’s (2013) descriptive study applied the theory of moral reckoning in nursing to studies involving nurse educators and preceptors who had worked

with failing students. The authors found evidence of Nathaniel's (2006) stages of resolution and reflection in their analysis of prior studies related to failure to fail. In this case, the "situational bind" was the decision of whether to pass or fail students. Faced with this dilemma, participants in the selected studies described feelings of guilt, self-doubt, and internalizing the failure in situations where they chose to "take a stand" by failing, and those where they "gave up" by allowing the student to pass (Pratt et al., 2013). This is in line with studies discussed earlier in this review which revealed working with challenging students elicits strong emotions in preceptors (Bogo et al., 2007; Jervis & Tilki, 2011; Finch & Taylor, 2013).

Within their findings related to the "stage of reflection," Pratt et al. (2013) found barriers to failing a student include lack of institutional support, inadequate policies and guidelines, and fear of legal proceedings. Each of these themes were prominent in studies discussed earlier in this review (Guerrasio et al., 2015; Luhanga et al., 2014). Like the nurses in Nathaniel's (2006) study, educators and preceptors used insight from their experience to guide future encounters with failing students. Despite the utility of the reflection stage, the researchers noted that participants carried their distress for an extensive period (Nathaniel, 2006; Pratt et al., 2013). According to Nathaniel (2006), this commonly resulted in nurses seeking out administrative roles to minimize direct contact with patients.

**Application of the theory to the present study.** Although the theory of moral reckoning emerged from the field of nursing, it appears an ideal approach

to understand the process of failure to fail in other professions. Therefore, this theory will serve as the framework, or lens, through which the present study will be viewed. Of note is the concern for the future of the profession raised by Nathaniel (2006), and discussed by Pratt et al. (2013). If the distress of morally challenging patient situations drives nurses from jobs that involve direct patient care, this could potentially translate to preceptors refusing to work with students (Pratt et al., 2013). Given the current shortage of professionals willing to serve as preceptors for dietetics students, the potential to further reduce this number is of grave concern for the future of the profession (Accreditation Council for Education in Nutrition and Dietetics, 2016; White & Beto, 2013).

### **Summary and Purpose of the Study**

It is clear failure to fail exists within various professional training programs including nursing, social work, and teacher education (Brear & Dorrian, 2010; Guerrasio et al., 2015; Luhanga et al., 2014). Barriers such as inadequate policies and procedures and fear of legal proceedings may result in unsuitable students graduating and potentially practicing in these professional areas (Guerrasio et al., 2015; Luhanga et al., 2014).

In the supervised practice setting, factors that contribute to preceptors failing to fail include subjective evaluation methods, lack of institutional support, and cognitive aspects such as guilt, internalizing failure, and lack of confidence in teaching (Basnett & Sheffield, 2010; Bearman et al., 2013; Bogo et al., 2007; Finch, Schuab, & Dalrymple, 2014; Finch & Taylor, 2013; Jervis & Tilki, 2011;

Larocque & Luhanga, 2013). It is likely that a combination of these complexities results in educators and preceptors failing to fail professionally unsuitable students.

### **Implications for Professions**

Several consequences exist when educators fail to fail students of questionable professional suitability. Institutions may risk their accreditation status, program reputation, and partnerships with practice sites and preceptors. Additional implications include risks to public safety and diminishing professional integrity (Bearman et al., 2013; Laroque & Luhanga, 2013; Luhanga et al., 2014). Considering the aim of professional training programs is to graduate competent future professionals, it seems both pertinent and obligatory to investigate the issue of failure to fail in fields that offer these educational programs.

### **Purpose of the Study**

While researchers have investigated failure to fail within various professional training programs, it appears there are no existing studies focused solely on dietetics education (Guerrasio et al., 2015; Luhanga et al., 2014). Currently, there is an imbalance between student interest and available space in dietetic internship programs which is causing immense competition for entry into the dietetics field. Therefore, it seems inequitable to allow professionally unsuitable students to continue education in this area (ACEND, n.d.; White & Beto, 2013).

The purpose of this descriptive study was to investigate the existence of failure to fail within accredited dietetic internship programs, which serve as the final stage of dietetics education prior to professional credentialing. The following research question and sub-questions guided the study.

1. How does failure to fail manifest in dietetics education?
  - a. What is the prevalence of encountering students of questionable professional suitability in dietetic internship programs?
  - b. What are the most important factors that alert dietetic educators and preceptors of students' unsuitability for professional practice?
  - c. How likely are educators and preceptors to report passing dietetic interns of questionable professional suitability, and what factors contribute to their decision?

### **Methodology**

Much of the prior research on the topic of failure to fail examined the issue through qualitative techniques, such as grounded theory (Bearman et al., 2013; Bogo et al., 2007; Guerrasio et al., 2015). Although the grounded theory approach appears well suited for exploratory studies of this nature, it is typically reserved for ongoing research as it takes a considerable amount of time to ascertain theory from the data. Due to the time constraints of this study, the researcher elected to take a nonexperimental quantitative approach to gain insight on failure to fail within an area of professional education where research appeared to be lacking.

### **Chapter III: Methodology**

Failure to fail is a complex phenomenon that affects the future of many professions including social work, education, and nursing. The issue stems from various forces, both internal and external to the institution, and may ultimately result in graduating students who are not well suited for their chosen profession (Guerrasio et al., 2015; Luhanga et al., 2014). Several consequences exist when educators fail to fail students of questionable professional suitability. Institutions may risk their accreditation status, program reputation, and continued partnerships with practice sites and preceptors. Additional implications include potential risks to public safety and diminishing professional integrity (Bearman et al., 2013; Laroque & Luhanga, 2013; Luhanga et al., 2014).

Considering the aim of accredited training programs is to graduate competent future professionals, it seems both pertinent and obligatory to investigate the issue of failure to fail in all fields that offer professional training programs. To the researcher's knowledge, no prior studies on the issue of failure to fail exist that focus on dietetics education. The current shortage of professionals who are willing to serve as preceptors has created tremendous competition for dietetic internships, making the field difficult to enter despite increasing demand for dietetics professionals (Accreditation Council for Education in Nutrition and Dietetics, 2016; White & Beto, 2013).



### **Purpose of the Study and Primary Research Question**

The purpose of this descriptive study was to investigate the existence of failure to fail within accredited dietetic internship programs, which serve as the final stage of education prior to professional credentialing. The following research question and sub-questions guided the study.

1. How does failure to fail manifest in dietetics education?
  - a. What is the prevalence of encountering students of questionable professional suitability in dietetic internship programs?
  - b. What are the most important factors that alert dietetic educators and preceptors of students' unsuitability for professional practice?
  - c. How likely are educators and preceptors to report passing dietetic interns of questionable professional suitability, and what factors contribute to their decision?

This chapter begins with an overview and rationale for the chosen research design, followed by a description of the participants for the study and inclusion criteria. Next, study procedures are described along with reliability and validity of data collection tools and ethical considerations for participants. Finally, methods of data analysis for the study are discussed prior to presenting the results in the following section.

### **Research Design and Rationale**

Much of the prior research on the topic of failure to fail examined the issue by employing extensive qualitative techniques, such as grounded theory

(Bearman et al., 2013; Bogo et al., 2007; Guerrasio et al., 2015). Although the grounded theory approach appears well suited for studies of this nature, it is typically reserved for ongoing research as it takes a considerable amount of time to ascertain theory from the data. Due to the time constraints of this study, the researcher elected to take a nonexperimental quantitative approach to gain insight on the topic in an area where research appeared to be lacking.

Nonexperimental quantitative methodology is useful in situations where the researcher desires to obtain inferences and descriptive data, yet conducting an experiment is neither desirable nor appropriate (Johnson & Christensen, 2014). Although much of the prior research on failure to fail is qualitative, some researchers have successfully investigated the issue through quantitative methodology (Brear & Dorrian, 2010; Docherty & Dieckmann, 2015; Russell & Peterson, 2003). Therefore, the researcher determined a quantitative approach aligned with the research questions and was appropriate for this study.

### **Participants**

Study participants were individuals directly involved in the education of dietetic interns in the Midwest United States. Inclusion criteria consisted of program directors for dietetic internships and professionals who serve as preceptors for dietetic interns in states geographically situated in the Midwest. According to the U.S. Department of Commerce Economics and Statistics Administration U.S. Census Bureau (2013), these states include Missouri, Illinois, Kansas, Nebraska, Iowa, Minnesota, South Dakota, North Dakota, Wisconsin,

Indiana, Michigan, and Ohio. No exclusion criteria existed, aside from the researcher leaving her institution out of the study. Because the researcher is a Midwest dietetics program director, including her university in the study would have meant completing her own questionnaire. She did, however, invite her institution's preceptors to participate to assure local practitioners were included.

### **Sample Size**

At the time of the study, 59 programs (excluding the researcher's program) offered a dietetic internship in the Midwest region (Academy of Nutrition and Dietetics [AND], 2016a). The researcher hoped to receive at least a 50 percent response rate from program directors ( $n = 30$ ). The researcher felt this measure was realistic because program directors were directly invited to participate in the study. She also expected program directors would have a keen interest in the study and therefore would be motivated to respond.

Based on approximations from her institution, the researcher estimated each internship program had between 10 and 50 affiliated preceptors, depending upon program size. Based on expected program director participation, the potential population of preceptor participants for the study was between 300 and 1500. However, the researcher recognized preceptor participation would likely be much lower. Additionally, it was possible not all program director participants would be inclined to forward the study information to their preceptors. Therefore, the researcher aimed for a goal of 20 to 25 percent of the lowest estimation of potential preceptor participations, or  $n = 60$  to 75.

Because only five percent of practicing dietetics professionals are male, it was expected most of the participants would be female (AND, 2016c). Also, since a minimum of a bachelor's degree is required to sit for the credentialing examination for dietitians, all participants would be over the age of 18 (Commission on Dietetic Registration, 2017). Although these assumptions were made, the researcher did not include demographic questions related to age or sex in the questionnaire.

### **Recruitment**

The researcher used both purposive and snowball sampling techniques to recruit participants for the study (Johnson & Christensen, 2014). Program director email addresses, which are readily available to the public, were obtained from the Academy of Nutrition and Dietetics (2016b) website. The study invitation contained a request for program directors to forward the email to their preceptors and reply to the researcher with the number of individuals forwarded to (see Appendix A). The participation invitation was also sent to the Nutrition and Dietetics Educators and Preceptors (NDEP) listserv after gaining appropriate permissions from the moderator (see Appendices B and C). Although the researcher did not complete her own questionnaire, she did forward the study invitation to all preceptors for her program and included this number in potential preceptor participants.

**Special Considerations**

As previously noted, the researcher is the director for a dietetic internship program that is geographically located in the Midwest. Therefore, it was possible she was acquainted with some of the participants through local professional connections. It is also likely that, assuming they chose to participate, one or more area program directors forwarded the study information to individuals who also serve as preceptors for the researcher's program. Therefore, it is possible a small number of preceptors were invited to participate in the study two or more times.

**Data Collection Materials**

Survey tools from studies that evaluated similar research questions such as Brear & Dorrian (2010), Docherty & Dieckman (2015), Lordly (2007), and Russell & Peterson (2003) were reviewed to determine relevance and usability for the current study. These survey tools required alterations since most of the studies focused on disciplines outside of dietetics or explored different research questions. As previously addressed, research on this topic is lacking in the dietetics profession. Therefore, availability of previously validated tools was limited.

Permission to review and adapt portions of the survey tool used by Docherty & Dieckman (2015) was obtained from the principal investigator (see Appendix D). The researcher also incorporated language from ACEND's (2016) Core Competencies for the Registered Dietitian Nutritionist (CRDN's).

Specifically, ACEND's (2016) professional attributes were combined with thematic findings of the "challenging" student from Lordly's (2007) study as choices for participants to indicate as factors important to intern suitability for the dietetics profession. This is in line with the methods utilized by counseling and social work researchers who compiled characteristics of professionally unsuitable students from a multitude of prior studies conducted within their discipline (Brear & Dorrian, 2010; Russell & Peterson, 2003, Tam & Coleman, 2009).

A draft of the survey tool was developed for pilot testing, and later an online version was created using Qualtrics® software. The survey included the following demographic items to categorize participants: area of practice, credentials held, years of experience as a practitioner, years of experience supervising interns, and level of responsibility for evaluating intern competency. Several closed-ended items assessed how often participants encountered interns of questionable professional suitability, what characteristics they believed indicated unsuitability, and the outcome of students deemed unsuitable. An open text area was included on some items, which allowed participants to provide additional information that might be relevant to their responses. The final question invited participants to include any other comments regarding intern suitability for professional practice and the issues surrounding their decision to pass or fail them.

**Pilot Testing**

To enhance reliability and validity among her targeted population, the researcher pilot tested the survey tool to assure it was understandable and obtained the desired information from participants. According to Johnson & Christensen (2014), survey tools should first be tested among a small group of individuals, which could be classmates or family members. After receiving initial feedback, the survey tool can then be tested among individuals that are similar to the expected study participants (Johnson & Christensen (2014).

After receiving initial feedback from her dissertation chair, the researcher provided the survey to three full time colleagues in her department to represent the educators' view, and three preceptors who represented each of the main areas of dietetics practice (clinical, community, and food service management). The survey questions were revised based on feedback from these individuals. This method of pilot testing is similar to those employed by Docherty & Dieckmann (2015) and Lordly (2007) who solicited feedback from small groups representative of their intended populations. Please refer to Appendix E for the final version of the questionnaire used in this study.

**Reliability and Validity**

Developing the questionnaire from previously validated tools and pilot testing increased reliability and validity of the data obtained. Major recommendations from the pilot test included clarity of some questions and eliminating the need to complete certain sections based on responses. For

example, some questions would only apply to educators who had encountered a concerning student. Additionally, it was suggested the researcher include a “prefer not to answer” option to allow participants to elect not to respond to items that caused discomfort. Allowing participants to skip these questions would increase the likelihood of them continuing, and completing, the survey.

### **Study Procedures**

After receiving approval from Maryville University’s Institutional Review Board, the researcher emailed the invitation to participate to all selected director and preceptor participants, and to the NDEP professional listserv (see Appendices A and B). If programs listed more than one contact person, both individuals were invited to participate resulting in a total of 61 emails sent to directors. The researcher’s email invitation to her program’s preceptors was sent to a total of 139 area professionals. Implied consent information appeared at the beginning of the online questionnaire (see Appendix F). Participants implied consent by commencing the questionnaire, which was estimated to take no more than ten to fifteen minutes to complete.

The researcher recorded and maintained the number of potential director and preceptor participants in an electronic spreadsheet on her personal computer throughout the response period. Maintenance included accounting for any emails that bounced back, and adding the number of preceptors that directors reported forwarding the study invitation to. The spreadsheet only recorded numbers for tracking purposes; no names or email addresses were



included. A reminder to participate was sent to all known potential director and preceptor participants via email, and to the NDEP listserv, seven days before the response period ended (see Appendices G and H, respectively).

Survey data were collected through Qualtrics® and stored within the software until the response period ended; at that time, the data were downloaded to the researcher's personal computer for analysis. The personal computer was password protected and only accessible by the researcher. The researcher destroyed all raw data upon completion of the dissertation project in December of 2017.

### **Ethical Considerations**

As previously mentioned, collected data were maintained on a password protected personal computer that was only accessible by the researcher. The only other individuals with access to the raw data were the researcher's dissertation chair and, if requested, additional faculty from her educational program. The results of the study were shared with faculty members and fellow students in the researcher's doctoral program as part of her final defense of the project. If requested, an electronic copy of the final project was made available to participants. Because participant names and institutions were not linked to responses, reported data did not include this information. Mention of a participant's role (director or preceptor) was provided when sharing results, and direct quotes were provided to add value to the discussion.

**Risks and Benefits**

The risks of this study were minimal and no greater than found in a normal work environment. However, some participants may have had concerns about their anonymity or potentially feel pressured to participate because they were acquainted with the researcher. To minimize potential risks the researcher informed all participants that their participation in the study was completely voluntary and would not affect future relations with the researcher or her program. Demographic questions did not record names of participants or their employers, and internet service provider addresses were not collected. Responses to the online questionnaire were anonymous and data were aggregated for the purpose of sharing results. Additionally, some of the questions may have caused discomfort for participants who have worked with a difficult student or encountered a situation relevant to the subject matter. This concern was addressed by including the “prefer not to answer” option in the questionnaire.

Potential short-term benefits of this study include bringing to light an important issue in dietetics training that could offer insight for improvement of educational programs. In the long term, enhancing dietetics education could result in higher quality professionals. Also, dietetics professionals may be more apt to offer precepting services if they expect better prepared students. Increasing the number of preceptors and supervised practice sites may allow dietetic internship programs to increase capacity, which will provide more

opportunities to qualified students and elicit growth of the dietetics profession (ACEND, n.d.; White & Beto, 2013).

### **Data Analysis**

The researcher utilized Microsoft Excel 2016 (Microsoft Office 365, version 16.0.8229.2093) and SPSS Statistics (version 24) to obtain descriptive and inferential statistics that were consistent with standard practice of quantitative research and relevant to the study. Open-ended survey questions were analyzed using a qualitative approach to identify themes that aligned with the research question and conceptual frame. Specifically, the researcher segmented the open-ended responses and placed them into similar categories based on themes and sub-themes (Johnson & Christensen, 2014).

### **Summary**

Through use of quantitative methodology, the researcher hoped to obtain adequate data to describe the issue of failure to fail in dietetics education. The following chapter will report the results obtained through data analysis and lead into a discussion of the findings, conclusion, and directions for future research.

### **Chapter IV: Results**

The purpose of this descriptive study was to investigate the existence of failure to fail within accredited dietetic internship programs. The following research question and sub-questions guided the study.

1. How does failure to fail manifest in dietetics education?
  - a. What is the prevalence of encountering students of questionable professional suitability in dietetic internship programs?
  - b. What are the most important factors that alert dietetic educators and preceptors of students' unsuitability for professional practice?
  - c. How likely are educators and preceptors to report passing dietetic interns of questionable professional suitability, and what factors contribute to their decision?

Data were collected through an anonymous online questionnaire that was sent to dietetic internship directors and preceptors geographically situated in the Midwest United States. Analysis was accomplished by using Microsoft Excel 2016 (Microsoft Office 365, version 16.0.8229.2093) and SPSS Statistics (version 24) to obtain descriptive and inferential statistics consistent with standard practice of quantitative research that were relevant to this study. For analytical purposes, "prefer not to answer" responses were removed from the total number of respondents for that item, since the participant had essentially chosen to skip the question. These cases are noted in each individual question analysis below. Responses to the final open-ended question were analyzed

using a qualitative approach to identify themes from the data that aligned with the research question and conceptual frame.

This chapter provides an analysis of the results obtained from the online questionnaire used for this study. First, the response rate and description of participants' demographics are provided, followed by a descriptive analysis of each survey question. Significant findings are highlighted in applicable areas. Finally, a summary of participants' open-ended comments is provided based upon thematic analysis. Reporting the study's results leads into the final section, in which the researcher discusses her interpretation of the results and provides her conclusion to the study.

### **Response Rate**

The overall response rate for this study was 52.2 percent, with a 57.4 percent ( $n=35$ ) response rate for directors and an estimated 50.5 percent ( $n=96$ ) response rate for preceptors. Actual participation rates greatly exceeded the researcher's targeted expectations, particularly for preceptors. Estimated potential preceptor participants was calculated by adding the number of emails sent to local professionals by the researcher ( $n=132$ ) and individuals reportedly contacted by director participants ( $n=58$ ). This total accounts for nonworking emails by subtracting those that bounced back ( $n=7$ ).

### Demographics

Participant demographics appear in Table 1 through Table 4. Most participants (45.8%) reported supervising interns in a clinical or healthcare setting, followed by community/public health (22.1%) and higher education (16%). Lower percentages of participants reported supervising interns in food service, public school districts, and private practice settings (see Table 1).

Most participants (91.54%) were credentialed as registered dietitian nutritionists (RDN's), and 10.92 percent reported they held at least one advanced degree or certification. Examples of advanced degrees and certifications reported by participants included doctor of philosophy (PhD), doctorate in clinical nutrition (DCN), master of science (MS), master of public health (MPH), certified diabetes educator (CDE), and certified nutrition support clinician (CNSC). All remaining participants held other degrees or credentials related to their area of practice (see Table 2).

Table 1

*Participant Demographics by Role and Setting*

Setting	% Total (N=131)	% Directors (n=35)	% Preceptors (n=96)
Clinical / Healthcare	45.80	31.43	51.04
Community / Public Health	21.40	5.71	27.08
Higher Education	16.80	60.00	0.00
Food Service Management	13.00	2.86	16.67
Other – Public School District	2.30	0.00	3.13
Private Practice	0.80	0.00	1.04

Table 2

*Participant Demographics by Role and Credentials*

Credentials	% Total (N=130)	% Directors (n=35)	% Preceptors (n=95)
RD/RDN	81.54	80.00	82.11
RD/RDN with advanced degree or certification	10.00	14.29	22.86
Other practitioner	5.38	2.86	17.14
Other practitioner with advanced degree or certification	2.31	2.86	5.71
DTR/NDTR	0.77	0.00	2.86

Director participants reported more experience working with interns than their preceptor counterparts. The majority (28.6%) of directors reported they had supervised interns for seven to nine years, and 25.9 percent reported 10 to 19 years of supervision. Most preceptor respondents (22.9%) reported they had supervised interns for one and three years, and 20.8 percent had four to six years of experience working with interns. Longer durations of seven to nine years and 10 to 19 years of experience were reported by 18.8 and 20.8 percent of preceptors, respectively (see Table 3).

Table 3

*Participant Demographics by Role and Years of Experience*

Years of Experience	% Total (N=131)	% Directors (n=35)	% Preceptors (n=96)
10 – 19 Years	22.10	25.70	20.80
7 – 9 Years	21.40	28.60	18.80
1 – 3 Years	19.80	11.40	22.90
4 – 6 Years	19.10	14.30	20.80
20 – 29 Years	10.70	14.30	9.40
Less than 1 Year	6.10	2.90	7.30
30 or More Years	0.80	2.90	0.00

Directors also supervised more interns per year, and reported a higher level of responsibility in the evaluation process than preceptors. The numerical range of interns supervised by directors and preceptors was one to 160 and one to 30, respectively. Directors supervised an average of 17 interns per year with a mode and median of ten, which was much higher than preceptors who reported an average of 5 interns per year with mode of two and median of three, respectively. The majority ( $n = 21$ ; 60.00%) of directors reported supervising interns in a higher education setting, and the remaining 40 percent supervised in a clinical/healthcare ( $n = 11$ ; 31.43%), community/public health ( $n = 2$ ; 5.71%) or food service management ( $n = 1$ ; 2.86%) setting.

Most directors (91.43%) reported they were fully responsible, or make a recommendation in interns' final evaluation, compared to only 70.8 percent of preceptors engaging in these roles. Over one-fourth (26.10%) of preceptor participants reported their opinion does not necessarily count, or that they are not at all responsible for the final decision in the evaluation of interns. A small percentage ( $n = 5$ ; 3.90%) reported other levels of responsibility that did not necessarily fit into the options provided, including equally sharing the full responsibility with others, multiple roles dependent upon the situation, and not engaging in evaluation at all due to the fact that the intern only observed them during the rotation (see Table 4).



Table 4

*Participant Demographics by Role and Responsibility in Evaluation*

Responsibility in Evaluation	% Total (N=131)	% Directors (n=35)	% Preceptors (n=96)
Fully responsible, or make the final decision	38.90	68.60	28.10
Partially responsible, or make recommendation to the final decision maker	37.40	22.90	42.70
Partially responsible, but opinion does not necessarily count toward the final decision	18.30	2.90	24.00
Not responsible at all	1.50	0.00	2.10
Other: More than one role, depending upon situation	0.80	2.90	0.00
Other: Make final decision but rely on preceptors for input	0.80	2.90	0.00
Other: Observation only, no evaluation	0.80	0.00	1.00
Other: Share full responsibility with others	1.50	0.00	2.10

**Prevalence of Concerning Interns**

In response to question eight, over half of participants ( $n = 79$ ; 60.77%) reported they had worked with an intern whose professional suitability concerned them. The analysis for this question was adjusted for a participant that elected not to respond to the question. Directors reported a higher rate of 73.53 percent ( $n = 25$ ), compared with 56.25 percent ( $n = 54$ ) of preceptors. The average number of concerning interns ranged from one to five per year for directors, and one to three per year for preceptors. The mode yearly average for both participant categories was zero; however, of those who did provide a number,

directors reported an average of 1.07 which was slightly higher than preceptors' reported average of 0.87.

### **Characteristics of Unsuitable Interns**

Question nine asked participants to report their observed characteristics of professionally concerning interns. A total of 127 participants responded to this question, although 35 (27.56%) stated that they had never worked with an intern that displayed unsuitable characteristics, or reported "no characteristics" as their response. Therefore, these individuals were removed from the analysis of this question. An overall total of 96 responses were used in the final analysis, which included 68 preceptors and 28 directors. Please refer to Table 5 for a detailed summary of participant reported characteristics of professionally unsuitable interns.

Several categories of unsuitable student characteristics were provided as options that dealt with professionalism, performance, learning, relationships, and personal issues. The top three most highly reported characteristics, which were agreed upon by both director and preceptor participants, were lack of organization and preparedness for required tasks ( $n = 59$ ; 61.46%); lack of responsibility for learning ( $n = 51$ ; 53.13%); and inability to manage time and workload ( $n = 49$ ; 51.04%).

The next two most highly reported characteristics differed between the two groups. Directors indicated inability to think critically ( $n = 18$ ; 64.29%) and lack of professional attitude ( $n = 17$ ; 60.71%), whereas preceptors were more concerned

with lack of motivation or interest in the rotation ( $n = 28$ ; 41.18%), and inability to adapt to the practice environment ( $n = 27$ ; 39.71%). Another attribute reported at a high level by both groups was difficulty applying theory to practice (42.86% of directors; 38.24% of preceptors) and lacking in expected food and/or nutrition knowledge (35.71% of directors; 27.94% of preceptors).

Unsuitable characteristics that were reported by a higher percentage of directors than preceptors included not responding well to constructive feedback (46.43%), asking the same questions repeatedly (42.86%), displaying inappropriate behavior for the work setting (42.86%), and interacting inappropriately with others (39.29%). Characteristics reported by less than 25 percent of participants overall, and were low among both groups included lack of sensitivity to other cultures (7.29%), professional ethics (11.46%), empathy (11.46%), and exhibiting signs of mental instability (12.50%).

Table 5

*Participant Reported Characteristics of Professionally Unsuitable Interns (N = 96)*

Characteristic	Total %	Preceptor % ( $n=68$ )	Director % ( $n=28$ )
<b>Professionalism Issues</b>			
Seems unorganized or unprepared for required tasks	<b>61.46</b>	<b>64.71</b>	<b>53.57</b>
Does not display a professional attitude	<b>42.71</b>	35.29	<b>60.71</b>
Unable to adapt to the practice environment	37.50	<b>39.71</b>	32.14
Displays inappropriate behavior for the work setting	25.00	20.59	42.86
Lacks professional ethics	11.46	7.35	21.43

Learning Issues			
Does not take responsibility for own learning (expects to be taught everything)	<b>53.13</b>	<b>48.53</b>	<b>64.29</b>
Difficulty applying theory to practice	39.58	38.24	42.86
Asks the same questions repeatedly	33.33	29.41	42.86
Does not seem to understand assigned tasks	28.13	29.41	25.00
Performance Issues			
Unable to manage time or prioritize workload appropriately	<b>51.04</b>	<b>50.00</b>	<b>57.14</b>
Unable to think critically	<b>44.79</b>	36.76	<b>64.29</b>
Lacks expected food and / or nutrition knowledge	30.21	27.94	35.71
Lacks expected skillset (e.g. math, English, or communication)	18.75	13.24	32.14
Personal Issues			
Seems unmotivated or uninterested in rotation	38.54	<b>41.18</b>	32.14
Is unwilling to leave his or her comfort zone	25.00	20.59	35.71
Exhibits low self-esteem / lack of confidence	25.00	22.06	32.14
Regularly misses scheduled days, or long periods of time, at rotation	15.63	11.76	25.00
Seems to lack empathy	11.46	10.29	14.29
Relationship Issues			
Does not respond well to constructive feedback	36.46	32.35	46.43
Interacts inappropriately with others / Does not pick up on social cues	31.25	27.94	39.29
Is argumentative or uncooperative	15.63	10.29	28.57
Exhibits signs of mental instability	12.50	8.82	21.43
Is not sensitive to other cultures	7.29	2.94	17.86

*Note:* Bolded and italicized cells indicate the five characteristics most highly reported by preceptors, directors, and participants overall

### Existence of Failure to Fail

Questions 18 and 19 aimed to measure the existence of failure to fail. Due to the potentially sensitive nature of these questions, participants were given the option to respond with “prefer not to answer.” In those cases, the responses were

eliminated from the analysis. Over half of all participants ( $n = 78$ ; 62.40%) reported they had given an intern the “benefit of the doubt” when evaluating their competency for professional practice. The preceptor group was slightly lower than the overall average ( $n = 55$ ; 59.14%), while a higher percentage of directors ( $n = 23$ ; 71.88%) admitted to engaging in this practice. When asked whether they had given a competent rating when they believed the intern was not competent, only 16.94 percent ( $n = 21$ ) of participants indicated they had done so. For this question, preceptors reported at a somewhat greater extent ( $n = 17$ ; 18.28%) than directors ( $n = 4$ ; 12.90%).

An independent samples  $t$  test was conducted to compare the above practices between directors and preceptors, and no statistically significant difference was found. A one-way between-groups analysis of variance (ANOVA) was conducted to explore differences between participants’ credentials, years of experience, and practice setting and their engagement in the above practices. No significant differences were seen between participants’ credentials or practice setting, but a significant difference ( $p = .041$ ) was found between years of experience and participants who had given an intern a competent, or favorable rating when they believed the intern was not competent. Please refer to Table 6 and Table 7 for a summary of these results.

Participants were divided into groups based on reported years of experience (group 1: less than one year; group 2: one to three years; group 3: four to six years; group 4: seven to nine years; group 5: 10 to 19 years; group 6:

20 to 29 years; and group 7: 30 or more years). Group 7 was removed from analysis for the purpose of running the post-hoc tests, since this group only contained one participant. There was a statistically significant difference at the  $p < .05$  level in participants that had given an intern a competent, or favorable, rating when they believed they were not competent:  $F(5, 123) = 2.396, p = .04$ . Post-hoc comparisons using the Tukey HSD test indicated that the mean score for Group 2: one to three years ( $M = 1.96, SD = .200$ ) was statistically different from Group 3: four to six years ( $M = 1.64, SD = .490$ ). Group 1 ( $M = 2.00, SD = .000$ ), Group 4 ( $M = 1.85, SD = .368$ ), Group 5 ( $M = 1.85, SD = .368$ ), and Group 6 ( $M = 1.77, SD = .439$ ) did not differ significantly from either Group 2 or Group 3 (see Tables 6 and 7).

Table 6

*Descriptive Statistics for Question 19 by Participant Years of Experience*

Variable	<i>N</i>	<i>M</i>	<i>SD</i>
Less than 1 year (Group 1)	8	2.00	.000
1-3 years (Group 2)	25	1.96	.200
4-6 years (Group 3)	25	1.64	.490
7-9 years (Group 4)	26	1.85	.368
10-19 years (Group 5)	26	1.85	.368
20-29 years (Group 6)	13	1.77	.439
Total	123	1.83	.378

*Note: Group 7 (30 or more years of experience) was removed from analysis for purpose of running post-hoc tests, since the group only contained one participant.*

Table 7

*One Way Analysis of Variance (ANOVA) for Question 19 by Participant Years of Experience (N=123)*

Source	<i>df</i>	SS	MS	<i>F</i>	<i>p</i>
Between Groups	5	1.618	.324	2.396	.041
Within Groups	117	15.797	.135		
Total	122	17.415			

### **Experience in Failing or Recommending Failure**

Question 21 asked participants whether they had failed, or recommended failure, for an intern they felt was unsuitable for practice. Similar to previous questions, participants were given the option not to respond to this question and in those cases were removed from the analysis. A total of 31 directors and 90 preceptors responded to this question, for a total of  $N = 121$ . Overall, 39.67 percent of participants indicated they had failed or recommended failure. More than half of the director participants ( $n = 18$ ; 58.06%) indicated they had either failed or recommended failure for an intern they felt was unsuitable. Preceptors reported this experience at a somewhat lower rate of 33.33 percent ( $n = 30$ ). A higher percentage of respondents in higher education settings (68.42%) reported failing or recommending failure than those in clinical (43.86%), community/public health (25.00%), or food service management (21.43%) settings.

An independent samples  $t$  test was conducted to compare the experience of failing or recommending failure between directors and preceptors. It was found that a significant difference ( $p = 0.02$ ) exists between directors ( $M = 1.42$ ,  $SD = 0.502$ ) and preceptors ( $M = 1.67$ ,  $SD = 0.474$ ;  $t(119) = -2.468$ ,  $p = 0.02$ , two-

tailed). The magnitude of the differences in the means (mean difference = -0.247, 95% CI :-0.45 to -.05) was very small.

A one-way between-groups analysis of variance (ANOVA) was conducted to explore differences between participants' credentials, setting, and years of experience supervising interns and their experience in failing, or recommending failure. No significant differences were seen between participants' credentials, but significant differences ( $p < .05$ ) were found between both setting and years of experience supervising interns. Please refer to Tables 8 through 11 for a summary of these results.

Participants were divided into groups based on the setting where they reported supervising interns (Group 1: higher education; Group 2: food service management; Group 3: clinical / healthcare; Group 4: community / public health; Group 5: private practice; and Group 6: other setting – public school district). Group 5 was removed from analysis for the purpose of running the post-hoc tests, since this group only contained one participant. There was a statistically significant difference at the  $p < .05$  level in failing, or recommending failure among the setting groups:  $F(4, 121) = 3.617, p = .01$ . Post-hoc comparisons using the Tukey HSD test indicated that the mean score for Group 1 ( $M = 1.32, SD = .478$ ) was statistically different from Group 2 ( $M = 1.79, SD = .426$ ) and Group 4 ( $M = 1.75, SD = .441$ ). Group 3 ( $M = 1.56, SD = .501$ ) and Group 6 ( $M = 2.00, SD = .000$ ) did not differ significantly from Groups 1, 2, or 4 (see Tables 8 and 9).



Table 8

*Descriptive Statistics for Question 21 by Participant Setting*

Variable	<i>N</i>	<i>M</i>	<i>SD</i>
Higher education (Group 1)	19	1.32	.478
Food service management (Group 2)	14	1.79	.426
Clinical / Healthcare (Group 3)	57	1.56	.501
Community / Public Health (Group 4)	28	1.75	.441
Public School District (Group 6)	3	2.00	.000
Total	121	1.60	.491

*Note: Group 5 (Private Practice) was removed from analysis for purpose of running post-hoc tests, since the group only contained one participant.*

Table 9

*One Way Analysis of Variance (ANOVA) for Question 21 by Participant Setting (N=121)*

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	4	3.211	.803	3.617	.008
Within Groups	116	25.747	.222		
Total	120	28.959			

Participants were divided into groups based on their years of experience working with interns (Group 1: less than one year; Group 2: one to three years; Group 3: four to six years; Group 4: seven to nine years; Group 5: ten to 19 years; Group 6: 20 to 29 years; and Group 7: 30 or more years). Group 7 was removed from analysis for the purpose of running the post-hoc tests, since this group only contained one participant. There was a statistically significant difference at the  $p < .05$  level in failing, or recommending failure among the years

of experience groups:  $F(5, 120) = 3.610, p = .01$ . Post-hoc comparisons using the Tukey HSD test indicated that the mean score for Group 2 ( $M = 1.83, SD = .381$ ) was statistically different from Group 5 ( $M = 1.36, SD = .490$ ). Group 1 ( $M = 1.86, SD = .378$ ), Group 3 ( $M = 1.71, SD = .464$ ), Group 4 ( $M = 1.58; SD = .504$ ), and Group 6 ( $M = 1.43; SD = .514$ ) did not differ significantly from either Group 2 or Group 5 (see Tables 10 and 11).

Table 10

*Descriptive Statistics for Question 21 by Participant Years of Experience*

Variable	<i>N</i>	<i>M</i>	<i>SD</i>
Less than 1 year (Group 1)	7	1.86	.378
1-3 years (Group 2)	24	1.83	.381
4-6 years (Group 3)	24	1.71	.464
7-9 years (Group 4)	26	1.58	.504
10-19 years (Group 5)	25	1.36	.490
20-29 years (Group 6)	14	1.43	.514
Total	120	1.61	.490

*Note: Group 7 (30 or more years) was removed from analysis for purpose of running post-hoc tests, since the group only contained one participant.*

Table 11

*One Way Analysis of Variance (ANOVA) for Question 21 by Participant Years of Experience (N=120)*

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	5	3.908	.782	3.610	.005
Within Groups	114	24.684	.217		
Total	119	28.592			

### **Outcome for Unsuitable Interns**

Question 22, which was only presented to participants who had failed or recommended failure, asked participants to report any known outcomes for the interns to whom the situation applied. The analysis was adjusted for one participant who elected not to answer the question, and one participant who indicated the question was not applicable for a total  $N = 50$ . Most participants reported the intern underwent remediation, either in the form of additional rotation hours ( $n = 29$ ; 58.00%) or didactic work ( $n = 27$ ; 54.00%). Others stated the intern was removed ( $n = 16$ ; 32.00%), or voluntarily withdrew ( $n = 4$ ; 8.00%) from the internship, but ten of the respondents (20.00%) indicated the intern had continued in the program as planned.

### **Contributing Factors**

The final four questions aimed to ascertain the factors that may contribute to participants' decisions of whether to fail interns. Similar to prior questions, participants could elect not to answer these questions and were therefore removed from analysis of those questions. Question 23 was only supplied to participants that indicated they had failed or recommended failure for an intern, and asked whether the participant felt supported by their institution, or the intern's institution, in that situation. Most respondents did feel supported, although a relatively large percentage of preceptors ( $n = 7$ ; 24.14%) indicated a lack of support in comparison to only one out of 20, or 5.00 percent of directors.

Questions 24 through 26 were posed to all participants and asked whether various factors influence their evaluation of interns (see Table 12). Potential factors included the notion that the intern could be held back, the fact that they are in their final stage of education, and the requirement that the intern must pass a credentialing exam before being allowed to practice. Again, participants who declined to answer the question were removed for analytical purposes. The highest influencing factor for participants overall ( $n = 55$ ; 45.08%) and preceptors ( $n = 42$ ; 46.67%) was the fact that interns are in their final stage of education. Director reports of influencing factors were similar, although the fact that the intern could be held back or removed from their program was a slightly higher concern ( $n = 14$ ; 42.42%). No significant differences were seen between contributing factors and participants' role, work setting, credentials, or years of experience supervising interns.

Table 12

*Participant Reported Contributing Factors to Failure to Fail*

Factor	<i>N</i>	Total %	Preceptor %	Director %
Intern is in final stage of education	122	45.08	46.67	40.63%
Intern must pass credentialing exam before being allowed to practice	122	38.52	37.78	40.63%
Knowledge that the intern could be held back	123	33.33	30.00	42.42%

### **Analysis of Open-ended Responses**

The final questionnaire item was open-ended and asked participants to provide any further comments on the topic. A total of  $N = 56$  participants provided a response in this area. Content analysis revealed several categorical themes that were further placed into subthemes based on topic. In some cases, comments contained multiple themes and were separated for analysis accordingly. Major themes included participant beliefs and attitudes, strategies utilized to alleviate issues, intern attributes, and concerns about program or institutional integrity.

#### **Participant Beliefs and Attitudes**

The most prevalent theme, which was present in 16 responses, involved participant beliefs and attitudes toward evaluation, timing of the rotation, personal practices, and professional integrity. Six participants indicated their practice setting effects their evaluation, and may be dependent upon whether the intern expressed interest in working in that area. One preceptor participant stated “[S]ome of the interns state they are not interested in being a clinical RD so I do keep that in mind when evaluating them if I know it's not an area for them.” Preceptors also indicated that the timing of the rotation effects their evaluation. “Some students come to me early in their didactic experience. In this situation I tend to give them the "benefit of the doubt" as I am hopeful they will continue to advance their skills over time” (preceptor participant).

Responses about personal evaluation practices discussed the importance of honesty and the need to put personal feelings aside. However, one preceptor did express difficulty in balancing personal emotions with honest feedback: “I too often am concerned about hurting their feelings or being negative that I will not stress enough how unsuited they are at their current stage. I do provide constructive criticism but then overemphasize their strengths to compensate.” However, another preceptor participant displayed the opposite attitude by stating “I would never just pass someone because I feel sorry for them.”

### **Strategies used to Alleviate Issues**

Several ( $n = 14$ ) participants discussed strategies for communication, remediation, and use of program policies to prevent issues with struggling students. Preceptors indicated the use of open and timely communication, with both the intern and their program, was helpful in resolving any issues that arose throughout the rotation. Program directors discussed their use of detailed policies and procedures for remediation, although one director stated, “occasionally a preceptor will give a low grade and the intern (legitimately) disagrees and is backed up by staff RDs. [The situation is] Not always black and white.”

### **Intern Attributes**

Ten participants provided comments on intern attributes that either contribute to or inhibit success. Most discussed professional skills and personal or performance related issues already covered by question nine of the survey. A

preceptor participant expressed frustration regarding interns' attitudes, and the need for didactic programs to better prepare them at the undergraduate level:

As an undergrad - the students need to understand that the preceptors are doing them a favor. They a lot of times expect to be hand fed and their attitude that they are doing us a favor is a joke. They seem to be very self-serving and expect the preceptors to guide them like they are still in school.

A director provided insight regarding preparation of students at the undergraduate level and the attributes that should be assessed for professional suitability:

[S]ome students should be screened out at the university level. Examples include: science grades below 2.5, extreme shyness, reading / comprehension difficulties, immaturity, poor communication skills, disorganized, poor time management skills, and lack in initiative or desire to learn. Students with these issues will simply not do well in an internship or the profession itself.

### **Concerns about Program Integrity**

The final theme, present in six responses, expressed various concerns about program and institutional integrity. Preceptor respondents indicated frustration with internship programs that had either not taken their concerns seriously, or allowed the intern in question to graduate anyway. One preceptor participant stated:

[I]n the past I have given a "fail" evaluation but the DI decided to disregard and give the intern "another chance" in a future rotation which made me look like "the bad guy." Therefore, moving forward, I did not always "fail" unsuitable interns because the DI always decides what to do anyway.

Two director participants mentioned lack of support from their institution in cases of non-academic issues, such as lack of critical thinking. Respondents indicated this may be rooted in financial concerns, either because the intern had already paid or the institution did not want to lose their tuition money. One director participant stated:

I've felt supported by my academic institution when recommending to fail a student where there was an issue of academic integrity; however, in cases where interns showed limited critical thinking or limited ability to apply knowledge, I was always encouraged to keep giving the interns more chances, due to the fact that they were so late in their educational career and frankly at that point probably had paid all of their tuition for the DI. I've struggled with this and am not sure what I believe is the "right" thing to do in those circumstances and at that point in their academic career.

Another director quite boldly pointed the blame at educators by stating:

Internship directors and program chairs are too afraid to hurt interns' feelings and typically override preceptor recommendations. It's the "leaders" who fail the profession when they don't have the spine to fail an unqualified intern. The other issue is that they are dumbing down prereqs



for entry, so students who would not have qualified in the past are now entering supervised practice thinking it will be as easy as their didactic program.

### **Conclusion**

This chapter offered a detailed summary of the results from the online questionnaire employed in this study. Descriptive analysis provided insight into the prevalence of concerning interns and their attributes. Over half of participants ( $n = 78$ ; 62.40%) reported they had given an intern the “benefit of the doubt” when rating their competency, and 16.94 percent had given a competent rating when they did not believe the intern was competent. One-way analysis of variance (ANOVA) testing revealed a significant difference ( $p = .04$ ) between participants’ years of experience supervising interns and whether they had given an undeserved competent rating. An independent samples  $t$ -test and ANOVA revealed significant differences ( $p < .05$ ) between participants’ experience failing or recommending failure based on their role ( $p = .02$ ), supervision setting ( $p = .01$ ), and years of experience supervising interns ( $p = .01$ ). The next section will present the researcher’s interpretation of the results, discuss the study’s strengths and limitations, and explore potential directions for future research on the topic of failure to fail in dietetics education.

## **Chapter V: Discussion**

The aim of this descriptive study was to investigate the existence of failure to fail within accredited dietetic internship programs. This chapter provides the researcher's interpretation of the results presented in the previous section, including connections to prior literature on the topic and the selected theoretical frame. Next, a discussion of the study's strengths and limitations is presents. The chapter concludes with potential directions for future research and implications for dietetics practice.

### **Prevalence of Failure to Fail**

Results of the current study revealed many connections to prior literature on the topic of failure to fail. The finding that 60.77 percent of participants had encountered a concerning intern is aligned with Docherty & Dieckmann (2015) who reported 66 percent of nursing preceptors had worked with a student they believed was inappropriately passed by a prior preceptor. Additionally, counseling educators in Brear & Dorrian's (2010) study reported approximately half of their unsuitable students were allowed to graduate per year. Based on these results, it appears failure to fail occurs in dietetics education at a rate comparable to other major health career training programs.

### **Characteristics of Concerning Interns**

Participant reported attributes of unsuitable dietetic interns were generally consistent with previous studies that reported concerns with social skills and professionalism in the workplace (Brear & Dorrian, 2010; Bogo et al., 2007;

Guerrasio et al., 2015; Jervis & Tilki, 2011; Lordly, 2007). However, participants in the current study were much less concerned with interns' lack of professional ethics, self-awareness, empathy, and mental instability. This may be explained by differences in profession-specific expectations, as prior studies focused on counseling, nursing, and other medical training programs. Additional areas of concern that emerged from this study, but were not prominent in prior research included students' ability to think critically and apply theory to practice. This finding indicates a need to incorporate more focused learning in these areas throughout the undergraduate dietetics curriculum to better prepare students for the internship experience.

### **Existence of Failure to Fail**

The current study found that 62.40 percent of participants had given a professionally concerning intern the "benefit of the doubt" when rating their competence to practice, and 16.94 percent had rated an intern as competent when they believed otherwise. Additionally, when asked for the outcome for unsuitable interns, 20.00 percent of participants reported the intern continued in their program as planned. These findings are closely aligned with Docherty and Dieckmann (2015) who reported these issues at 72.2 percent and 17.7 percent, respectively, in their study of nursing faculty. However, given that Docherty and Dieckmann's (2015) study was focused on faculty it is interesting to note that in the current study, 71.88 percent of director participants indicated they had given the "benefit of the doubt," which is within one percent of the previous study's

finding. While the current study found only 12.90 percent of directors admitted to providing an unwarranted competent evaluation, 18.28 percent of preceptors reported this behavior, which closely matched Docherty and Dieckmann's (2015) result of 17.7 percent.

Prior qualitative research further affirms this study's results; particularly, findings that preceptors gave positive evaluations because someone before them had done so, and had passed a student despite concerns with their competence for practice (Finch & Taylor, 2013; Jervis & Tilki, 2011; Laroque & Luhanga, 2013). While some differences appear to exist between director and preceptor practices, the results of the present study closely mirrored prior research focused on the nursing profession.

In addition to contrasting the practices of directors and preceptors, the current study also explored differences between participants' credentials, years of experience supervising interns, and practice setting. As noted in the previous chapter, a statistically significant ( $p = .04$ ) difference was seen between participants' years of experience and their reports of giving an undeserved competent rating. The difference in means for participants with one to three years of experience ( $M = 1.96$ ,  $SD = .200$ ) versus four to six years ( $M = 1.64$ ,  $SD = .490$ ) may simply be related to increased professional experience and confidence in evaluating interns. However, it is intriguing that the group with the least amount of experience (less than one year) did not show any statistically significant differences when compared with the other groups. This may be attributable to the

smaller sample size in the “less than one year” group ( $n = 8$ ) compared to the remaining groups, which were larger and closer in size. In either case, the connection between length of experience and the practice of passing unsuitable interns is a potential area for future exploration.

### **Experience in Failing or Recommending Failure**

A significant difference ( $p = .02$ ) was found between directors' and preceptors' experience of failing or recommending failure for a concerning intern. Also, the largest percentages of participants reporting this experience (68.42%) supervised interns in a higher education setting. This is not surprising, as directors appear to have a higher level of responsibility in evaluating interns. Significant differences were also seen between participants' setting ( $p = .01$ ) and years of experience ( $p = .01$ ) in relation to failing or recommending failure. The differences in setting were between higher education ( $M = 1.32$ ,  $SD = .478$ ) and both food service management ( $M = 1.79$ ,  $SD = .426$ ) and community/public health ( $M = 1.75$ ,  $SD = .441$ ).

Again, this finding may simply relate to the fact that directors, who typically work in a higher education setting, tend to have the highest level of responsibility in evaluation. However, it is interesting to note that a significant difference was not seen between higher education and the clinical setting, which was the most common work setting reported by participants in this study. Healthcare is also the most prevalent sector that employs dietetics professionals. For this reason, it may be worthwhile to further investigate the reasons why a significant difference

was seen in other practice areas, but not healthcare, when compared to higher education.

A significant difference was also seen between participants' years of experience working with interns and their report to have failed, or recommended failure, for a concerning intern. A one-way between-groups analysis of variance indicated participants with one to three years of experience ( $M = 1.83$ ,  $SD = .381$ ) were statistically different ( $p = .01$ ) from participants with ten to 19 years of experience ( $M = 1.36$ ,  $SD = .490$ ). This finding is not surprising, as less experienced educators and preceptors may not yet have had the chance to encounter a concerning intern in their practice.

### **Contributing Factors**

Findings of the current study indicated 24.14 percent of preceptors that had failed, or recommended failure did not feel their decision was supported by their affiliated institution, which is aligned with prior research (Bearman et al., 2013; Bogo et al., 2007; Larocque & Luhanga, 2013). The factor that influenced evaluation for the highest number of participants overall ( $n = 55$ ; 45.08%) and preceptors ( $n = 42$ ; 46.67%) was that the intern was in their final stage of education. This finding is somewhat higher than Docherty & Dieckmann's (2015) report of 40.3 percent.

The current study found that the fact that the intern could be held back was an influencing factor for 33.33 percent of all participants, which is very similar to Docherty & Dieckmann's (2015) finding of 35.9 percent. However, this

was a concern for a higher number of directors (14; 42.42%) than preceptors (27; 30.00%). Again, this finding may be explained by the higher level of responsibility in evaluation reported by directors in this study. Knowledge and prior experience of dealing with a concerning student could potentially influence the way educators and preceptors evaluate future students.

### **Open Ended Responses**

The themes that emerged from qualitative analysis of the final open-ended question revealed many intriguing factors that were not covered by the survey questions. In addition to the timing and length of the rotation, preceptors suggested they rated interns differently depending upon their expressed level of interest to work in the setting. The finding that various factors influenced participants' evaluation suggests preceptors do not always evaluate every student in the same way and exemplifies the subjective nature of evaluation in the dietetics profession.

Preceptors in this study admitted to overemphasizing strengths out of concern for interns' feelings, which is in line with prior qualitative studies that showed personal emotions often influence educators' decisions to pass or fail students (Bogo et al., 2007; Finch & Poletti, 2013; Finch & Taylor, 2013; Jervis & Tilki, 2011). The fact that this theme emerged suggests a need for further in-depth study of the impact of preceptor emotions on their evaluation of dietetic interns.

Director participants' comments regarding strategies used to alleviate issues revealed some programs do have policies and procedures in place to handle concerning intern situations. However, as a director participant suggested it is often necessary to look at a situation objectively, which may involve overturning a preceptor's recommendation to fail. Director participants in this study also supported the notion that institutional policies may not adequately address situations where the issue lies in non-academic issues, such as critical thinking (Bogo et al., 2007; Guerrasio et al., 2015). This finding may explain preceptors' frustration and perceived lack of support from institutions. As revealed in this study and supported by prior research, preceptors sense pressure to pass students and feel undervalued when the institution does not take their recommendation to fail a student (Bearman et al., 2013; Bogo et al., 2007; Finch & Poletti, 2014; Jervis & Tilki, 2011; Larocque & Luhanga, 2013).

Comments on the attributes of concerning interns suggest a need to better prepare students for the dietetic internship experience. Preceptors were mainly concerned with students' professionalism and attitude, while directors focused more on academic achievement and personal attributes. Based on the differing information provided by director and preceptor participants, it appears educators may not be preparing students at the expected standard of preceptors. It is possible that the institutional tendency to focus on grades may take the place of teaching more practical, or "soft" skills needed in the work place.



### **Connections to Theoretical Frame**

Nathaniel's (2006) theory of moral reckoning served as a framework, or lens, for the present study. The theory, based on the idea of moral distress, provided a deeper understanding of how nursing professionals deal with dilemmas faced in their daily work. The theory of moral reckoning has previously been applied to situations of failure to fail by Pratt et al. (2013) in their study of nursing educators who had encountered a professionally unsuitable student. Although the methodology of the current study did not focus on the theoretical framework, the tenets of the theory of moral reckoning were present in the results.

### **Stage of Ease**

According to the theory of moral reckoning, the "stage of ease" is the point at which a practitioner feels accustomed to their role and is satisfied with their job (Nathaniel, 2006). Although job satisfaction was not explored, results indicated director participants had more extensive experience working with interns than preceptor participants. These findings suggest directors are more likely than their preceptor counterparts to have entered the stage of ease relative to working with interns.

### **Situational Bind**

A "situational bind" was described by Nathaniel (2006) as a morally distressing patient care event that interrupts a nurse's stage of ease. As discussed by Pratt et al. (2013), the act of being faced with the decision to pass

or fail a concerning student is a similarly distressing situation. Results of the current study revealed a higher percentage of directors than preceptors had failed, or recommended failure, for a concerning intern. This suggests that, based on their years of experience and higher level of responsibility in evaluation, directors may be more likely to encounter a situation with an unsuitable student.

### **Stage of Resolution**

After experiencing the dilemma of a situational bind, nursing professionals must decide whether to “take a stand” by attending to their personal values or “give up” by allowing the event to play out in an undesirable way (Nathaniel, 2006). In the case of prior research by Pratt et al. (2013), this equates to the decision of whether to fail (take a stand) or allow a concerning student to pass (give up). The results of the current study indicated most participants choose to take a stand and fail students whose professional suitability concerns them. Although it is difficult to pinpoint the exact percentage of participants that were faced with this decision and did not fail the student, 20.00 percent did indicate knowledge that an unsuitable intern had continued in their program as planned. This finding suggests that in those cases, someone had the opportunity to “take a stand” and fail the student but did not do so.

The inclination to “take a stand” was also observed through open-ended responses from both directors and preceptors. Both groups displayed a strong sense of morality based on personal and professional standards. Despite a director participant’s comment that the situation is “not always ‘black and white,’”

it is encouraging that the majority of participants feel strongly about upholding the standards of the profession.

Evidence of “giving up” was seen in director comments regarding lack of institutional support when the issue was related to nonacademic concerns. As many universities are struggling to maintain their budgets, it is not surprising that administration would be reluctant to remove a tuition paying student on grounds of a subjective evaluation. This finding suggests a need for clearer evaluation practices and more effective policies for removal of students based on nonacademic concerns.

### **Stage of Reflection**

The final stage of the theory of moral reckoning involves the individual dealing with the decision they have made (Nathaniel, 2006). Pratt et al. (2013) found that participants experienced feelings of guilt, self-doubt, and internalizing the failure both in situations where they chose to “take a stand” by failing, and when they “gave up” by allowing a student to pass. Analysis of participants’ emotional factors is beyond the scope of the present study. However, prior research suggests that professionals tend to react by eventually moving into roles that are less likely to place them in another similar situation (Nathaniel, 2006; Pratt et al., 2013). While this does not appear to be the case for directors in this study, it is difficult to ascertain the result for preceptors. As a program director, the researcher can recall a situation where a preceptor requested to

supervise less students one year, citing a recent experience with a challenging intern.

### **Strengths of the Study**

The present study's main strength is the fact that it is the first known research on the topic of failure to fail that focuses specifically on dietetics education. Therefore, the study serves to begin a conversation on the topic within the dietetics profession. It is the researcher's hope that this study will lay the groundwork for more in-depth research on the topic, and provide possibilities for improvement to dietetics education programs. The higher than expected response rate indicates dietetics professionals have a considerable level of interest in the topic. Therefore, future studies would likely achieve similar levels of participation and obtain useful results.

The results of this study indicated failure to fail occurs in dietetics education, and that the issue exists to a similar degree seen in other health professional training programs. Therefore, the results add to the breadth of research on failure to fail, providing the first contribution by a study focused solely on dietetics education. Results also provided insight into the attributes of professionally concerning dietetic interns, and ascertained characteristics that are important to directors versus preceptors. These findings could be utilized to better prepare students, and assess their skills prior to entering the supervised practice experience.

### **Limitations of the Study**

Limitations of the study include the fact that the research was mainly descriptive and did not reveal any in-depth answers or detailed solutions to the issue of failure to fail in dietetics education. However, as the study's aim was to discover how failure to fail manifests in dietetics education and to obtain descriptive results regarding its existence, the research objectives were met. As mentioned previously, the study laid the groundwork for future research on the topic.

This study was limited to dietetic internship programs geographically situated in the Midwest United States. Didactic programs and coordinated programs, which include both didactic coursework and supervised practice, were not considered in this study. Therefore, the results may not be applicable nationwide or to all types of dietetics education programs.

### **Recommendations for Future Research**

Future research on failure to fail in dietetics education could be conducted nationwide, or geographically focused on areas outside the Midwest, to ascertain whether the issue exists to a similar degree in other regions of the United States. Other types of dietetics training programs could also be included to assess whether similar issues are present in undergraduate students, or those completing a coordinated program. Additionally, future studies should include a more in-depth look at the experience of preceptors and directors that have worked with concerning interns. Much of the prior research on this topic was

qualitative; therefore, future studies of this nature would further contribute to the existing body of research on failure to fail. Finally, the statistically significant differences in evaluation practices and experience in failing students based on participants' years of experience and work setting yields further investigation.

### **Implications for Practice**

The researcher hopes to begin a conversation within the community of dietetics educators that will lead to further evaluation of programs at both the undergraduate and graduate level. Specifically, items for further investigation might include proactive assessment of students' professional and "soft" skills required for supervised practice in the work place, policies for remediation and dismissal of students deemed unsuitable for professional practice, and increased support of preceptors in the form of training and communication.

### **Conclusion**

The objective of this descriptive study was to investigate the way failure to fail manifests in dietetics education, and was the first known research in this professional training area. The results indicate that the issue does exist in dietetics to a similar degree documented by prior research, suggesting a need for further investigation at the program, local, and national levels. The results of the study could be used to develop proactive methods to assess student readiness for supervised practice, which may improve the quality of the educational process for students, institutional educators, and preceptors.

Enhancing the quality of dietetics students may result in an increased number of professionals willing to serve as preceptors, thereby permitting supervised practice programs to increase their capacity and reduce the shortage of internship positions nationwide. Assuring a higher level of excellence at the student level should translate to more highly prepared professionals entering the field, thereby preserving and enhancing the reputation of the dietetics profession.

**Appendix A: Dietetic Educator Email Invitation**

Dear Colleague:

I am writing to invite you to participate in a brief, 15-minute survey for my research study titled "Failure to Fail in Dietetics Education." This research is for my dissertation which is part of my doctoral degree in Higher Education Leadership at Maryville University. I am studying how often dietetics educators and preceptors encounter students who are unsuitable for the dietetics profession, as well as the characteristics and outcome of those students, in hopes to improve the quality of programs and future professionals. I am the director for a dietetics education program, which is why I have an acute interest in this topic.

If you are interested in participating, please use the link below to access the online survey. Implied consent is included prior to the start of the survey. The survey should take no more than 15 minutes to complete, and all responses will be anonymous.

Please click [here](#) to access the survey. If the link does not work, click below or copy and paste the following into your browser:

[https://maryville.az1.qualtrics.com/SE/?SID=SV\\_8cWfgftnI9bfYJ7](https://maryville.az1.qualtrics.com/SE/?SID=SV_8cWfgftnI9bfYJ7)

Regardless of whether you elect to participate in the study, I would also like to ask for your assistance in recruiting preceptor participants. If you would like to assist me in this, please forward this email to individuals who precept for your program. If you do choose to forward to preceptors, I would greatly appreciate a reply to this email with the approximate number of preceptors it was forwarded to. This will help me to obtain an accurate response rate. Please do not reply with names or contact information; only a number.

Thank you for your consideration to participate and assist me in locating preceptor participants for my study. Please feel free to contact me with any questions you might have.

Sincerely,

Dena B. French, MFN, RD, LD  
Principal Investigator & Doctoral Candidate, Higher Education Leadership  
Maryville University, St. Louis, MO  
dfrench1@live.maryville.edu  
314-795-9472



**Appendix B: NDEP Confirmation of Permission to Recruit on Listserv**

12/13/2016

RE: Posting Research Study Invitation on Listserv - French, Dena

**RE: Posting Research Study Invitation on Listserv**

ndep &lt;ndep@eatright.org&gt;

Tue 12/13/2016 3:15 PM

To: French, Dena &lt;DFrench@Fontbonne.edu&gt;;

 1 attachment

Nutrition and Dietetic Educators and Preceptors Portal Instructions- Updated.pdf;

Hi Dena –

Yes, since you are an NDEP you can post that to the NDEP EML. Attached are instructions for the portal and in that document you will see how to post to the EML. Please let me know if you have any questions!

Thanks!

---

**From:** French, Dena [mailto:DFrench@Fontbonne.edu]**Sent:** Tuesday, December 13, 2016 2:03 PM**To:** ndep <ndep@eatright.org>**Subject:** Posting Research Study Invitation on Listserv

Hello,

I am writing to inquire whether it is allowable to recruit research study participants via the NDEP listserv. I am currently working on my EdD and will be executing a survey early next year with dietetic internship directors and preceptors as my study population. I'd like to send my study information out through the listserv to recruit participants, if possible.

If sending this through the listserv is considered appropriate, is there a process I should follow to gain permission?

Thanks in advance for any guidance you can provide.

Sincerely,

Dena B. French, MFN, RD, LD  
Instructor & Director of Dietetics (DPD/ISPP)  
ISPP Experiential Coordinator  
Fontbonne University  
314-889-4760 (phone)  
314-719-8015 (fax)  
[dfrench@fontbonne.edu](mailto:dfrench@fontbonne.edu)



**Appendix C: NDEP Listserv Request**

Dear Colleagues:

I am seeking Midwest (Missouri, Illinois, Kansas, Nebraska, Iowa, Minnesota, South Dakota, North Dakota, Wisconsin, Indiana, Michigan, and Ohio) dietetic internship program directors and preceptors to participate in a brief, 15-minute survey for my research study titled "Failure to Fail in Dietetics Education." This research is for my dissertation which is part of my doctoral degree in Higher Education Leadership at Maryville University. I am studying how often dietetics educators and preceptors encounter students who are unsuitable for the dietetics profession, as well as the characteristics and outcome of those students, in hopes to improve the quality of programs and future professionals. I am the director for a dietetics education program, which is why I have an acute interest in this topic.

If you meet the above criteria and are interested in participating, please use the link below to access the online survey. Implied consent is included prior to the start of the survey. The survey should take no more than 15 minutes to complete, and all responses will be anonymous.

Please click [here](#) to access the survey. If the link does not work, click below or copy and paste the following into your browser:

[https://maryville.az1.qualtrics.com/SE/?SID=SV\\_8cWfgftnI9bfYJ7](https://maryville.az1.qualtrics.com/SE/?SID=SV_8cWfgftnI9bfYJ7)

Thank you for your consideration to participate in my study. Please feel free to contact me with any questions you might have.

Sincerely,

Dena B. French, MFN, RD, LD  
Principal Investigator & Doctoral Candidate, Higher Education Leadership  
Maryville University, St. Louis, MO  
[dfrench1@live.maryville.edu](mailto:dfrench1@live.maryville.edu)  
314-795-9472

**Appendix D: Permission from Author to Review and Adapt Survey Tool**

9/11/2016

Gmail - RE: Permission to Review and Adapt Survey Tool



Dena French &lt;denabfrench@gmail.com&gt;

**RE: Permission to Review and Adapt Survey Tool**

**Angela Docherty** <docherty@ohsu.edu>  
To: "French, Dena" <dfrench1@live.maryville.edu>

Fri, Aug 12, 2016 at 2:07 PM

Hi Dena

This is the survey I used – I used survey monkey for the final version. I hope this helps. Please feel free to contact me if you need further information

*Angie Docherty, NursD, MPH, RN*  
*Campus Associate Dean*  
*OHSU School of Nursing - Monmouth*  
*345 N Monmouth Ave*  
*Monmouth OR 97361*  
*503-838-8124*  
*docherty@ohsu.edu*



9/11/2016

Gmail - Re: Permission to Review and Adapt Survey Tool



Dena French &lt;denabfrench@gmail.com&gt;

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**Re: Permission to Review and Adapt Survey Tool**

---

**Angela Docherty** <docherty@ohsu.edu>

Sun, Jul 17, 2016 at 3:21 PM

To: "French, Dena" &lt;dfrench1@live.maryville.edu&gt;

Hi Dena

I would be happy to support this. I am heading off today on leave until 4th August. If you email me then i can send it. Will that suit?

Sent from my iPhone

On Jul 17, 2016, at 1:01 PM, French, Dena <[dfrench1@live.maryville.edu](mailto:dfrench1@live.maryville.edu)> wrote:

Dear Dr. Docherty,

I am a doctoral student pursuing an Ed.D. in Higher Education Leadership at Maryville University in St. Louis, Missouri. I am currently in the process of preparing the proposal for my study on failure to fail in dietetics education, and found your 2015 paper titled *Is there Evidence of Failure to Fail in our Schools of Nursing?* very helpful in my literature review. I am writing to request your permission to review and potentially adapt your survey tool for use in my study.

Please let me know if you require any additional information from me. I would be happy to supply contact information for my faculty advisor, if needed.

Thank you in advance for your consideration. I look forward to your reply!

Sincerely,

Dena B. French, M.F.N., R.D., L.D.  
Doctoral Student  
Maryville University  
St. Louis, MO  
314-795-9472  
[dfrench1@live.maryville.edu](mailto:dfrench1@live.maryville.edu)

**Appendix E: Survey Tool**

Final survey for study was delivered electronically via Qualtrics® (see link provided in invitation emails)

1. Which of the following best describes your role in the education of dietetic interns?
  - a. Dietetic Internship Director or Assistant Director
  - b. Preceptor to dietetic interns
  - c. None of the above (will go to end of survey if selected in final version)
2. Which of the following best describes the area of practice where you currently supervise dietetic interns?
  - a. Higher education
  - b. Food service management
  - c. Clinical/Healthcare
  - d. Community/Public Health
  - e. Private Practice
  - f. Other (please specify) \_\_\_\_\_
3. What food and/or nutrition profession related credentials do you hold?
  - a. RD/RDN
  - b. DTR/NDTR
  - c. Other (please specify): \_\_\_\_\_
4. Approximately how many years have you supervised dietetic interns?
  - a. Less than 1 year
  - b. 1 – 3 years
  - c. 4 – 6 years
  - d. 7 – 9 years
  - e. 10 -19 years
  - f. 20 – 29 years
  - g. 30+ years
5. On average, how many dietetic interns do you supervise per year?
6. Which of the following best describes your role in evaluating dietetic interns' competency, or readiness, for professional practice?
  - a. I am fully responsible, or make the final decision
  - b. I am partially responsible, or make a recommendation to the final decision maker
  - c. I am partially responsible, but my opinion does not necessarily count toward the final decision
  - d. I am not responsible at all

e. Other (please describe)

---

7. Have you ever supervised a dietetic intern that you felt was not well suited as a future dietetics professional?
- a. Yes
  - b. No
  - c. Unsure
  - d. Prefer not to answer

Comments:

8. If yes, what characteristics did the dietetic intern possess that made you feel they were unsuitable? (please check all that apply to any unsuitable dietetic interns you have encountered)

Professionalism issues:

- ☐ Does not display a professional attitude
- ☐ Displays inappropriate behavior for the work setting
- ☐ Unable to adapt to the practice environment
- ☐ Seems unorganized or unprepared for required tasks
- ☐ Lacks professional ethics

Learning issues:

- ☐ Difficulty applying theory to practice
- ☐ Does not take responsibility for own learning (expects to be taught everything)
- ☐ Does not seem to understand assigned tasks
- ☐ Asks the same questions repeatedly

Personal issues:

- ☐ Regularly misses scheduled days, or long periods of time, at rotation
- ☐ Seems to lack empathy
- ☐ Seems unmotivated or uninterested in rotation
- ☐ Is unwilling to leave his or her comfort zone
- ☐ Exhibits low self-esteem / lack of confidence

Relationship issues:

- ☐ Does not respond well to constructive feedback
- ☐ Is argumentative or uncooperative
- ☐ Interacts inappropriately with others / Does not pick up on social cues
- ☐ Is not sensitive to other cultures
- ☐ Exhibits signs of mental instability

Performance issues:

- ☐ Lacks expected skillset (e.g. math, English, or communication)
- ☐ Lacks expected food and / or nutrition knowledge

☐ Unable to think critically

☐ Unable to manage time or prioritize workload appropriately

☐ Other: (please specify)

☐ Not applicable; I have never worked with an intern who displayed unsuitable characteristics

9. On average, how many dietetic interns per year do you encounter whose professional suitability concerns you?

10. Have you ever given a dietetic intern the “benefit of the doubt” when evaluating their competency for professional practice?

a. Yes

b. No

c. Prefer not to answer

11. Have you ever given a dietetic intern a competent, or favorable, rating when you believed they were not competent?

a. Yes

b. No

c. Prefer not to answer

Instructional text: The next 7 questions use the terminology “pass” and “fail” in relation to the evaluation of dietetic interns. For the purpose of this survey, “fail” is defined as giving a below competent or unsatisfactory rating on an evaluation form (or the equivalent verbal or written feedback); recommending remediation or placing an intern on a remediation plan; or recommending removal or removing an intern from the internship program. “Pass” is defined as giving a satisfactory or competent rating, and/or allowing the intern to continue in the program as planned.

12. Have you ever failed, or recommended failure, for a dietetic intern you felt was unsuitable for practice?

a. Yes

b. No

c. Prefer not to answer

Comments:

13. If yes, what was the outcome for the dietetic intern? (please check all that apply to any intern you have failed or recommended failure)

a. They had to repeat part or all of their rotation

b. They had to complete additional homework (such as projects or case studies)

c. They were removed from the internship program

d. Nothing; they continued as planned

- e. Unsure what the outcome was
- f. Other (please explain) \_\_\_\_\_

14. Have you felt supported by your institution, or the intern's affiliated institution, in your decision to fail or recommend failure for interns?
- a. Yes
  - b. No
  - c. Prefer not to answer
  - d. Not applicable – I have never failed an intern

Comments:

15. Does the knowledge that a dietetic intern who fails may be held back or removed from their program ever influence the way you evaluate them?
- a. Yes
  - b. No
  - c. Prefer not to answer

Comments:

16. Does the fact that the dietetic intern is in their final stage of education ever influence your evaluation?
- a. Yes
  - b. No
  - c. Prefer not to answer

Comments:

17. Does knowing that a dietetic intern must sit for and pass the RD/RDN examination before being allowed to practice ever influence your evaluation?
- a. Yes
  - b. No
  - c. Prefer not to answer

Comments:

18. Please provide any further comments you have regarding dietetic interns' suitability for professional practice and the issues surrounding your decisions to pass or fail them.

Survey adapted from Docherty, A., & Dieckmann, N. (2010). Used with permission from author



**Appendix F: Participant Implied Consent Letter**  
(Imbedded in online survey prior to start of questions)



MARYVILLE UNIVERSITY  
650 Maryville University Drive  
St. Louis, Missouri 63141  
o 314.529.9300  
maryville.edu

**Failure to Fail in Dietetics Education: A Descriptive Study**

You are being asked to participate in a research project conducted by Dena French, a doctoral student in Higher Education Leadership through Maryville University, working under the direction of my faculty advisor Dr. Susan Bartel, Program Director and Associate Professor of Higher Education Leadership.

As part of my work on my doctoral degree, I'm studying how often dietetics educators and preceptors encounter students who are unsuitable for the dietetics profession, along with the characteristics and outcomes associated with those students. I am the director for a dietetics education program, which is why I have an acute interest in this topic.

**The Study:** You must be 18 years of age or older and be directly involved in the education of dietetic interns at either the program administration or supervised practice level to take part in this study. Your participation in the study would involve completing a survey on your experiences working with dietetic interns, which should take no more than 15 minutes to complete. Most of the questions are closed-ended, meaning you will select from a list of responses. There are also a few questions which give you the option to type in your response. You may say as much or as little as you would like for those questions. Feel free to skip any question you are not comfortable answering.

**Risks:** I have not identified any risks to taking part in this study aside from what you would encounter in a normal work environment. However, as a participant you may have concerns regarding anonymity. To minimize this risk, I will not be collecting any I/P addresses or demographic information which could connect you to your response.

**Benefits:** Through this research, I hope to identify the prevalence and characteristics of professionally unsuitable students in dietetic internship programs. This could set the stage for future studies which might identify root causes and potential solutions to improve the quality of students in supervised practice programs. Therefore, potential long-term benefits are improving the experience for both institutional educators and preceptors, and increasing the quality of future dietetics professionals.

**Confidentiality and Privacy:** I will not report any personal information that I gain through email communication. Once collected, only my professors and I will have access to the survey data. The data will be stored on a thumb drive which is password protected and only accessible by me. All

data from the survey will be destroyed upon completion of the dissertation project, which is expected to occur in December of 2017.

The study results will become part of my dissertation for the completion of my doctorate in higher education leadership. I will present the results to my professors as part of my defense at the end of my program. I may also share the results with colleagues in dietetics education to assist in programmatic improvement and report findings at local, regional, or national dietetics meetings or conferences.

**Your Rights:** You do not have to take part in this study. You can choose not to take part at any time, even after you begin the survey. Due to the anonymous nature of the study, I will not know whether you participated unless you volunteer this information. If you choose not to take part in the study, it will not affect my opinion of you as a dietetics colleague in any way.

Additional Rights of Participants:

- You have the right to have all questions about the study answered
- You may request a report of the results be sent to you upon completion of the dissertation project
- You may request a copy of this consent letter, or print one, for your records

If you have any questions regarding this study, or if any problems arise, you may call the researcher, Dena French, at 314-795-9472 or email at [dfrench1@live.maryville.edu](mailto:dfrench1@live.maryville.edu) or the researcher's faculty advisor, Dr. Susan Bartel at 314-529-6684 or email at [sbartel@maryville.edu](mailto:sbartel@maryville.edu). You may also ask questions, state concerns regarding your rights as a research subject, or express any feelings of pressure to participate by contacting: Dr. Robert Bertolino, Chair of the Institutional Review Board at Maryville University, (314) 529-9659.

Maryville University recognizes its federally mandated responsibility to ensure that research be conducted in an ethical and scholarly manner, respecting the rights and welfare of all the human participants. Any research misconduct including but not limited to fabrication, falsification, or plagiarism in proposing, performing and reviewing research, or in reporting research results, should be reported to Dr. Tammy Gocial, the Research Integrity Officer at Maryville University at (314) 529-6893.

Maryville University investigators, and their colleagues who are conducting research, recognize the importance of your contribution to the research studies which are designed to improve accredited professional education programs. Maryville University investigators and their staffs will make every effort to minimize, control, and treat any complication that may arise as a result of this research.

By clicking the next (>>) button and completing the survey in whole or part, you acknowledge that you are at least 18 years of age and have read and understand this form, and that you have had an opportunity to ask questions about the research project. You are voluntarily agreeing to participate in a study based on the information presented to you. You may choose to withdraw at any time without prejudice or penalty. You may print a copy of this page, which includes the name and phone number of the researcher and the IRB at Maryville University, should you have any questions.

---

Researcher's signature

---

Date

---

Phone Number

*The date approval stamp on this consent form indicates that the project has been reviewed and approved by the Maryville University Institutional Review Board.*



Institutional Review Board

Protocol #16-29

Initiation Date: December 15, 2016

Termination Date: December 14, 2017

Approved by: Tammy M. Gocial, Ph.D.

**Appendix G: Potential Participant Reminder Email**

Dear Colleague:

You recently received an invitation to participate in my research study titled "Failure to Fail in Dietetics Education." If you have not already done so, I would appreciate your consideration to participate prior to the close of the response period on February 5<sup>th</sup>, 2017.

This research is for my dissertation which is part of my doctoral degree in Higher Education Leadership at Maryville University. I am studying how often dietetics educators and preceptors encounter students who are unsuitable for the dietetics profession, as well as the characteristics and outcome of those students, in hopes to improve the quality of programs and future professionals. I am the director for a dietetics education program, which is why I have an acute interest in this topic.

If you are interested in participating, please use the link below to access the online survey. Implied consent is included prior to the start of the survey. The survey should take no more than 15 minutes to complete, and all responses will be anonymous.

Please click [here](#) to access the survey. If the link does not work, click below or copy and paste the following into your browser:

[https://maryville.az1.qualtrics.com/SE/?SID=SV\\_8cWfgftnI9bfYJ7](https://maryville.az1.qualtrics.com/SE/?SID=SV_8cWfgftnI9bfYJ7)

Regardless of whether you elect to participate in the study, I would also like to ask for your assistance in recruiting preceptor participants. If you would like to assist me in this, please forward this email to individuals who precept for your program. If you do choose to forward to preceptors, I would greatly appreciate a reply to this email with the approximate number of preceptors it was forwarded to. This will help me to obtain an accurate response rate. Please do not reply with names or contact information; only a number.

Thank you for your consideration to participate and assist me in locating preceptor participants for my study. Please feel free to contact me with any questions you might have.

Sincerely,

Dena B. French, MFN, RD, LD  
Principal Investigator & Doctoral Candidate, Higher Education Leadership  
Maryville University  
St. Louis, MO  
314-795-9472

**Appendix H: NDEP Potential Participant Reminder Email**

Dear Colleagues:

You recently received the below invitation to participate in my research study titled "Failure to Fail in Dietetics Education." If you have not already done so, I would appreciate your consideration to participate prior to the close of the response period on February 5<sup>th</sup>, 2017.

I am seeking Midwest (Missouri, Illinois, Kansas, Nebraska, Iowa, Minnesota, South Dakota, North Dakota, Wisconsin, Indiana, Michigan, and Ohio) dietetic internship program directors and preceptors to participate in a brief, 15-minute survey for my research study titled "Failure to Fail in Dietetics Education." This research is for my dissertation which is part of my doctoral degree in Higher Education Leadership at Maryville University. I am studying how often dietetics educators and preceptors encounter students who are unsuitable for the dietetics profession, as well as the characteristics and outcome of those students, in hopes to improve the quality of programs and future professionals.

If you meet the above criteria and are interested in participating, please use the link below to access the online survey. Implied consent is included prior to the start of the survey. The survey should take no more than 15 minutes to complete, and all responses will be anonymous.

Please click [here](#) to access the survey. If the link does not work, click below or copy and paste the following into your browser:

[https://maryville.az1.qualtrics.com/SE/?SID=SV\\_8cWfgftnI9bfYJ7](https://maryville.az1.qualtrics.com/SE/?SID=SV_8cWfgftnI9bfYJ7)

Thank you for your consideration to participate in my study. Please feel free to contact me with any questions you might have.

Sincerely,

Dena B. French, MFN, RD, LD  
Principal Investigator & Doctoral Candidate, Higher Education Leadership  
Maryville University  
St. Louis, MO  
314-795-9472

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**Vita Auctoris**

Dena French was born on April 24<sup>th</sup>, 1978 in St. Louis, Missouri. She earned a bachelor of science in dietetics from Fontbonne University in May of 2010 and went on to complete her master's degree in food and nutrition from Bowling Green State University in December of 2012. Dena will earn her doctorate in education, higher education leadership from Maryville University in December of 2017. Dena spent seven years working in accounting before changing her career path to dietetics. Her first work in dietetics involved managing food service operations in both a university and K-12 school setting. Dena currently serves as an instructor and the director of dietetics programs at Fontbonne University.